2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yanks E GIVERAYD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

913-*935-68*72

FILED DOCUMENT # **P93000025957** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** RINKER RACING, INC. 01-12-2000 90055 025 ***150.00 Principal Place of Business Mailing Address 911 EAST SKAGWAY AVENUE -911-EAST_SKAGWAY-AVENUE-TAMPA FL 33604-1747 TAMPA FL 33604 US 2. Principal Place of Business 3. Mailing Address SKAGWAY AVE 1009 E. SKAGWAY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3175838 FLORION AmRA FLORIDA TAMPA Not Applicable Country... \$8.75 Additional --Country 5. Certificate of Status Desired US 33 Leo 4 Fee Required U.S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LINNEN RINKER, TERRY J. Street Address (P.O. Box Number is Not Acceptable) 911 EAST SKAGWAY AVENUE **TAMPA FL 33604** E. SKAGWAY 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITI F ☐ Delete PINKER TERRY RINKER, TERRY NAME 1009 E SKAGWAM AUE. 911 E SKAGWAY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33604 Change Addition ☐ Delete TITLE TITLE CHAMBERS, JAMES A. NAME NAME STREET ADDRESS STREET ADDRESS 5102 PARADE STREET CITY-ST-7IP- -CITY-ST-ZIP TAMPA FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if