2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P94000094238 Mar 06, 2000 8:00 am **Secretary of State** WASHINGTON RACING SERVICES, INC. 03-06-2000 90020 032 ***150.00 Principal Place of Business Mailing Address 2207 CASEY KEY ROAD 2207 CASEY KEY ROAD NOKOMIS FL 34275 NOKOMIS FL 34275-3322 しいいかいまいい 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0547633 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLADSTROM, WALTER C. Street Address (P.O. Box Number is Not Acceptable) 2207 CASEY KEY ROAD NOKOMIS FL 34275 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE BLADSTROM, WALTER C NAME NAME 2207 CASEY KEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE BLADSTROM, ANNE M NAME NAME 2207 CASEY KEY ROAD STREET ADDRESS STREET ADDRESS **NOKOMIS FL 34275** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 filling 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

Bladstrom

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

(-813) 966-9538