2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P95000072506 **DOCUMENT #**

1. Entity Name HURRICANE RACING, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90176 049 ***150.00

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Principal Place of Business 19990 SW 280 ST HOMESTEAD FL 33031		Mailing Address 19990 SW 280 ST HOMESTEAD FL 33031								
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Suite, Apt. #, etc. Suite						☐ CHE	CK HERE IF	· MAKING (CHANGES	;
City & State		City & State			4. FEII	Number 65-0	0608812	•		pplied For ot Applicable
Country	Zip		Cour	ntry	5. Cert	ificate of Status	Desired		8.75 Ad	ditional
ne and Address of Current i	Registered Ag	ent	- 		7. Nam	e and Address	of New Re			
D SR			į	Name		····				
EET 031			!	Street Address	s (P.O. Box N	Number is Not A	Acceptable)	,		
100 1				City	<u></u>			EI	Zip Cod	le
ity submits this statement for	the purpose o	f changing its	register	ed office or regist	tered agent.	or both, in the S	State of Flori		miliar with	and accept
stered agent.		5 5						ou, rumiu,		une decopi
d or printed name of registered agent a	nd title if applicable.	(NOT)	: Registere	d Agent signature requir	ired when reinstat	ing)		DATE		
1!! FEE IS \$150.00 003 Fee will be \$550.00				<u></u>				• —	\$5.0	00 May Be
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	Country D SR EET 031 ity submits this statement for stered agent. d or printed name of registered agent at the statement of control of the statement of the	19990 SW HOMESTEA US siness 3. Mailing A City & Sta Country Zip D SR EET 1031 Ity submits this statement for the purpose of stered agent. Ity or printed name of registered agent and title if applicable. Ity FEE IS \$150.00 103 Fee will be \$550.00 105 Florida Department of State OFFICERS AND DIRECTORS THOMAS D SR W 280 STREET EAD FL 33031	19990 SW 280 ST HOMESTEAD FL 33031 US siness 3. Mailing Address Suite, Apt. #, etc. City & State Zip Dee and Address of Current Registered Agent D SR REET 031 iity submits this statement for the purpose of changing its stered agent. d or printed name of registered agent and little if applicable. (NOTE) 1!! FEE IS \$150.00 103 Fee will be \$550.00 105 Florida Department of State OFFICERS AND DIRECTORS THOMAS D SR W 280 STREET	19990 SW 280 ST HOMESTEAD FL 33031	19990 SW 280 ST HOMESTEAD FL 33031- US Suite, Apt. #, etc. City & State Country Zip Country Name Street Address Street Address Street Address Street Address Stered agent. (NOTE: Registered Agent signature requirements for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature requirements for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature requirements for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature requirements for five by the street address fire five first fi	I 19990 SW 280 ST HOMESTEAD FL 33031- US Suite, Apt. #, etc. City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name Street Address (P.O. Box N City City Street Address (P.O. Box N City City Street Address (P.O. Box N City City	I 1990 SW 280 ST HOMESTEAD FL 33031- US 3. Mailing Address Suite, Apt. #, etc. CHE City & State Country S. Certificate of Status	Interest Address of Current Registered Agent Country Zip Country Zip Country Zip Country S. Certificate of Status Desired A FEI Number 65-0608812 Country 5. Certificate of Status Desired Name Street Address of Current Registered Agent City Street Address (P.O. Box Number is Not Acceptable) City City City City City City City City City Street Address (P.O. Box Number is Not Acceptable) City City City City Street Address (P.O. Box Number is Not Acceptable) City City City City City Street Address (P.O. Box Number is Not Acceptable) City Address City Ci	18900 SW 280 ST HOMESTEAD FL 33091- US Suite, Apt. #, etc.	HOMESTEAD FL 30001- US Suite, Apr. #, etc. Check Here if Making Chances Suite, Apr. #, etc. Check Here if Making Chances Cry & State 4. Fel Number 65-0608812 A

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: