FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 03, 2002 8:00 am DOCUMENT # P96000009432 Secretary of State 1. Entity Name 06-03-2002 91165 003 ***150.00 SPEEDBOY, INC. Principal Place of Business Mailing Address HIGHWAY 24 P.O. BOX 1389 BRONSON FL132621 BRONSON FL 32621 JUS US 2. Principal Place of Busines 3. Mailing Address 12020 SW BTH A 12020 SW 871 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE: City & State 4. FEI Number Applied For FL minesville 59-3360806 Dainesville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32607 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUITT, DEAN Street Address (P.O. Box Number is Not Acceptable) 9950 NE SR 24 P.O. BOX 1389 **BRONSON FL 32621** Zip Code FL 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 5-30-02 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) **DPST** ☐ Delete TITLE Change ☐ Addition TITLE PRUIT DEAN 12020 SW 874 AVE NAME NAME PRUITT, DEAN STREET ADDRESS STREET ADDRESS 9950 NE STATE ROAD 24 CITY-ST-ZIP CITY-ST-ZIP 6 ainequille FL **BRONSON FL** TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---- Delete Change. ☐ Addition TITLE TIT! F 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 changed, or on an attachment with an address, with

SIGNATURE: