2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE: 🕢

May 13, 2002 8:00 am Secretary of State P96000057878 DOCUMENT # 1. Entity Name CRANE MOTORSPORTS CORPORATION 05-13-2002 90198 003 ***150.00 Principal Place of Business Mailing Address 530 FENTRESS BLVD 530 FENTRESS BLVD けいけいはい DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE DAYTONA BEACH FL 32115-2491 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition D/CEO/P EZZELL. EUGENE E NAME NAME 530 FENTRESS BLVD STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. Addition D/VP/S/T NAME NAME Dennis Burgess STREET ADDRESS STREET ADDRESS 530 Fentress Blvd. CITY-ST-ZIP CITY-ST-7IP Daytona Beach, FL 32114 Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 recurrent this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Eugene E. Ezzell 2 18 02 (386)252-1151

FILED