AMENDED

05-30-2003 90086 048 ****61.25
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 5:48

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006355

1. Entity Name
PERFORMANCE MOTORSPORTS OF TAMPA, INC.

Principal Place of Business	Mailing Address
7601 N.NEBRASKA AVE TAMPA, FL 33604	7601 N.NEBRASKA AVE TAMPA, FL 33604

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3432369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BITTMAN, SHAWN
2125 GLEN DR.
SAFETY HARBOR, FL 34095

7. Name and Address of New Registered Agent
Name: Scott Bitman
Street Address (P.O. Box Number Is Not Acceptable): 7601 N. NEBRASKA AVE
City: TAMPA FL Zip Code: 33604

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 5/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BITTMAN, SHAWN 2125 GLEN DRIVE SAFTY HARBOR, FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D Debra Foltz 7601 N. NEBRASKA AVE TAMPA FL 33604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200024609782 11/12/03--01025--024 **88.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Debra Foltz PRESIDENT 5/22/03 813-231-3552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/7 an