2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 28, 2002 8:00 am Secretary of State **DOCUMENT #** P97000012494 05-28-2002 91692 035 ***150.00 PRECISION RACING PRODUCTS, INC. Principal Place of Business Mailing Address 8524 REES ST 8524 REES ST PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ... Applied For 4. FEI Number City & State City & State 59-3424292 Not Applicable Country \$8.75 Additional -Zip 5. Certificate of Status Desired - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARLAND, MARC C Street Address (P.O. Box Number is Not Acceptable) 8324 REES STREET **PORT RICHEY FL 34668** Zip Code City 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) 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 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME GARLAND, MARC C STREET ADDRESS STREET ADDRESS 1801 E LAKE RD CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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 chapted or on a state-through the products with all other controlled in the corporation of the corporation of

MIREMarc Garland, President

4/20/02

FILED