## DOCUMENT # P97000030649

6. Name and Address of Current Registered Agent

WILLARD RACING, INC.

Principal Place of Business

5391 NW 192 AVENUE FORT LAUDERDALE FL 33351

Suite, Apt. #, etc.

Mailing Address

5391 NW 192 AVENUE

FORT LAUDERDALE FL 33351

DO NOT WRITE IN THIS SPACE

FILED

05-02-2001 90192 036 \*\*\*150.00

3. Mailing Address 6321 NW 61ST AVENUE Suite, Apt. #, etc.

Country

PARKLAND, FL 33067 Zip Country

2. Principal Place of Business 6321 NW 61ST AVENUE

Zip

PARKLAND, FL 33067

4. FEI Number

65-0751025

Not Applicable \$8,75 Additional Fee Required

Applied For

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

A.BRUCE WILLARD

(P.O. Box Number is Not Acceptable)
1 NW 61ST AVENUE

City

(NOTE: Registered Agent signature required when reinstating)

PARKLAND

A.BRUCE WILLARD 4/30/01

<sup>Z</sup>333667 FL

statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub-

SIGNATURE

printed name of registered agent and title if applicable

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

WILLARD, ALAN B

7060 NW 83RD TERRACE PARKLAND FL 33067

> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition Delete TITLE : TITLE D/P WILLARD, ALAN B NAME NAME: A.BRUCE WILLARD 7060 NW 83RD TERRACE STREET ADDRESS STREET ADDRESS 6321 N.W. 61ST AVENUE CITY-\$T-ZIP PARKLAND FL 33067 CITY-ST-ZIP PARKLAND, FL 33067 Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS \$1.5 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP TITLE ☐ Delete TITI F ☐ 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 employee 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

A.BRUCE WILLARD 4/30/01

954/345-5313

Daytime Phone #

;R2E034 (10/00)