FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90933 008 ***150.00

P97000100671

Suite, Apt. #, etc.

DOCUMENT #

1. Entity Name

Suite, Apt. #, etc.

SIGNATURE

GAMBINO RACING, INC.



Principal Place of Business

2800 S. NOVA ROAD

SOUTH DAYTONA FL 32119

Principal Place of Business

Mailing Address
P.O. BOX 290609
DAYTONA BEACH FL 32129

2. Principal Place of Business

3. Mailing Address

DATE

☐ CHECK HERE IF MAKING CHANGES

-4...FEI Number 59-3485808 City & State* -City & State -----Applied For Not Applicable Zip Zip Country 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 Name GAMBINO, CHARLES Street Address (P.O. Box Number is Not Acceptable) 2800 S. NOVA ROAD SOUTH DAYTONA FL 32119 City Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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

Signature, typed or printed name of registered agent and title if applicable

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

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition NAME GAMBINO, CHARLES NAME STREET ADDRESS 2800 S. NOVA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTH DAYTONA FL 32119 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-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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 attactyright with an address, with all other like empowered.

SIGNATURE:

THE AND TYPED OF BEINTED NAME OF SIGNING OFFICER OF DIRECTOR

GAMBINO

4-10-03

<u>3 547-484</u>

Daytime Phone:

CR2F034 (10/0)