FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P98000074640 DOCUMENT # 1. Entity Name 05-28-2002 90713 046 ***150.00 CARTER MOTORSPORTS, INC. Principal Place of Business Mailing Address -- 5602-30TH COURT EAST -5602-30TH COURT EAST BRADENTON FL 34203 BRADENTON FL 34203 3906 TINSCERP. 470 3 M ST SOUTH #417 ST. PETERSBURG, FC 3370/ YA 200 City, MS 3. Mailing Address 2. Principal Place of Business 470 30d ST SOUTH 3906 TINSLEY DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 41 Applied For 4. FÉI Number City & State City & State 59-3534747 YAZDO CITO Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent - 6.- Name and Address of Current Registered Agent. CARTER, NANCY W Street Address (P.O. Box Number is Not Acceptable) ~1192 LOST TRAIL -FORT WALTON BEACH FL-32547 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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. ☐ Delete TITLE TITLE CARTER, NANCY W NAME NAME 470 3 A ST, SOUTH #417 ST, PETERSBURG FL 33701 5602-30TH COURT EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34203 CITY-ST-ZIP Defete TITLE TITLE NAME CARTER, JOHN B. W. NAME 470 3 CS ST. SOUTH #417 STREET ADDRESS 5602 30TH COURT EAST STREET ADDRESS BRADENTON FL 34203 CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

DESERVENCY W CARTEN 4-24-02 662-746-1930

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #