2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPORT	(UBR)		Apr 23, 2003 8:00 am	
DOCUMENT # P98000091799 1. Entity Name AUTO RACE INDUSTRIES OF PALM BEACH INC.					Secretary of State 04-23-2003 90206 038 ***150.00	
Principal Plac 2391 OLD DIX RIVIERA BEAC US		Mailing Address 2391 OLD DIXIE HWY RIVIERA BEACH FL 33404 US				
2. Principal Place of Business 901 W. Hawie St., Suite, Apt. #, etc. 3. Mailing Address 901 W. Suite, Apt. #, etc.			tawie S	<i>.</i>	CHECK HERE IF MAKING CHANGES	
City & Stat	piter FL	City & State Jup; ter	A		4. FEI Number 65-0872336 Applied For Not Applicable	
Zip 33	3458 Country B.	Zip 33458	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	legistered Agent		,	7. Name and Address of New Registered Agent	
STANCARICH, ROBERT J					ancavich, Robert J.	
2391 OLD DIXIE HWY						
WEST PALM BEACH FL 33404				901 W. Hawie St.		
4			City	ups	10/ FL 334.78	
8. The above the colligat	ions of registered agent.	cavich, Aresia	gistered office or re	M	d agent, or both, in the State of Florida. I am familiar with, and accept 4/19/03	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANCAVICH, ROBERT J 2391 OLD DIXIE HWY WEST PALM BEACH FL 33404	, Delete	NAME <	901	neavich, Robert J.	
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME = STREET ADDRESS CITY-ST-ZIP	-	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is t	true and accurate and that my s vered to execute this report as r	ignature shall have	e the sar	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or director florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

SIGNATURE AND HIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 561-746-654 Date Daytime Phone #