## FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 1990000 10987

1. Entity Name RUFF DBA

TUFF RACING STUFF RTRS, INC

## Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90240 037 \*\*\*150.00

| DO NOT WRITE IN THIS SPACE   |   |   | 11016964   |
|--|---|---|--|
| 2. Principal Place of Business 4165 Drw Red Suite, Apt. #, etc.  | 3. Mailing Address SA Suite, Apt. #, etc. | mē as 2                                   | DO NOT WRITE IN THIS SPACE   |
| # 37 City & State  MELBOURNE,  | City & State                              |   | 4. FEI Number Applied For<br>50 3555 494 X Not Applicable  |
| Zip Country BREV AN  | Zip                                       | Country                                   | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required   |
|  |   |   | 7. Name and Address of Current Registered Agent  |
|  | T_WRITE<br>S SPACE                        | 4/6\$                                     | P.O. Box Number is Not Acceptable) 37  |
| 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.  SIGNATURE Signature, typically, printed permy of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |   |  |
| January 1 - May 1 See is \$ After May 1, Fee is \$550 Amended UBR is \$61. Make Check Payable to Florida Depa  | .00<br>25<br>artment of State P09 00      | 0010587                                   | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  |
| 0050 50  | CERS AND DIRECTORS                        |   | the state of the s |
| TITLE PRESIDENT NAME STREET ADDRESS 4/65 DOW CITY-ST-ZIP METBOUR   | P DENNIE<br>RU #37<br>NE FL 309           | TITLE NAME STREET ADDRESS  CITY-ST-ZIP    |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |   | NAME STREET ADDRESS CITY-ST-ZIP           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | TITLE NAME STREET ADDRESS CITY ST, 2P     | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | TITLE  NAME  STREET ADDRESS  CITY-ST- ZIP | IN THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | TITLE NAME STREET ADDRESS CITY- ST- 2P    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ,   | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with/all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR