## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P9900065655 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name WORTHY RACECARS, INC. 04-24-2000 90126 047 \*\*\*150.00 Principal Place of Business Mailing Address 4443 30TH STREET, WEST 4443 30TH STREET, WEST **BRADENTON FL 34207-1002 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number - 092 1793 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WORTHY, BENJAMIN L Street Address (P.O. Box Number is Not Acceptable) 4443 30TH STREET, WEST **BRADENTON FL 34207** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition □ Delete TITLE Benjamin L. Worthy 3502 YORK DR. W. NAME NAME STREET ADDRESS STREET ADDRESS BRAD'ENTON, FL 342*05* CITY-ST-ZIP CITY-ST-ZIP V, S, ⊅ Change **M** Addition TITLE ☐ Delete AMMY WORTHY NAME 3502 YORK DR.W. STREET ADDRESS STREET ADDRESS FL 34205 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

amin L. Worthy 4-18-00941-727-5770