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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Apr 17, 2003 8:00 am Secretary of State P99000065655 DOCUMENT # 04-17-2003 90112 018 ***150.00 1. Entity Name WORTHY RACECARS, INC. Principal Place of Business Mailing Address PHOTOOA. 1120 13TH AVE E 1120 13TH AVE E PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0921793 Not Applicable Zip Country Zip 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 WORTHY, BENJAMIN L Street Address (P.O. Box Number is Not Acceptable) 1120 13TH AVE E PALMETTO FL 34221 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WORTHY, BENJAMIN L NAME 3502 YORK DR W STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP **VSD** Delete TITLE TITLE ☐ Change Addition NAME WORTHY, TAMMY NAME STREET ADDRESS 3502 YORK DR W STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete ☐ Change WORTHY, ERIC NAME NAME STREET ADDRESS 6834 34TH AVE E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered

