2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069816

Entity Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIE

TITLE

D & K RACING, INC.

Mailing Address Principal Place of Business 2460 BIMINI LANE 2460 BIMINI LANE FORT LAUDERDALE FL 33312-4748 FORT LAUDERDALE FL 33312 731899 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable \$8.75 Additional Zip Country 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 COCHRAN, KATHY M Street Address (P.O. Box Number is Not Acceptable) 2460 BIMINI LANE FORT LAUDERDALE FL 33312 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE COCHRAN, DAVID H MANAF STREET ADDRESS 2460 BIMINI LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Addition ☐ Delete TITLE Change TITLE COCHRAN, KATHY M NAME NAME STREET ADDRESS STREET ADDRESS 2460 BIMINI LANE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Change * ☐ Addition Delete TITLÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME 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 807, 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

STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-26-80 954-584-7569

☐ Change

☐ Addition

FILED

May 12, 2000 8:00 am Secretary of State

05-12-2000 90067 023 ***150.00

CR2E034 (9/99