

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 16 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
0020003



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000103285

1. Entity Name

MIRACLE MOTORSPORTS, INC.

Principal Place of Business

Mailing Address

1750 CRUMP ROAD
HAVEN FL 33881

1750 CRUMP ROAD
WINTER HAVEN FL 33881

2. Principal Place of Business

3. Mailing Address

1770 Executive Rd
Suite, Apt. #, etc.

4099 Lake Alfred Rd
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Winter Haven, FL

Winter Haven, FL

593610587

Zip
33884

Country
USA

Zip
33881

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACALUSO, JOHN
1750 CRUMP ROAD
WINTER HAVEN FL 33881

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MACALUSO, JOHN	1750 CRUMP ROAD	WINTER HAVEN FL 33881	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary/Treasurer	Sheila C Cantrell	1203 Thompson Circle NW	Winter Haven, FL 33881	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 863-956-1123

Date

Daytime Phone #