2001 UNIFORM BUSINESS REPORT (UBR) – AMENDED

DOCUMENT # V13844

1. Entity Name

Ocala Motor Sports, Inc.

FILED
01 DEC 21 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4795 NW 78th Avenue Ocala, FL 34482	4795 NW 78th Avenue Ocala, FL 34482

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4795 NW 78th Avenue	4795 NW 78th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State: Ocala, Florida
Zip: 34482 Country: Marion	Zip: 34482 Country: Marion

4. FEI Number: 59-3112468 ☐ Applied For ☐ Not Applicable

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
Robert C. Allen 3920 North U.S. Highway 441 Ocala, Florida 34475	Name: Kennth H. Mead Street Address (P.O. Box Number is Not Acceptable): 4795 NW 78th Avenue City: Ocala FL Zip Code: 34482

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: Kennth H Mead 2-8-01
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, 2001 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	President Kennth H. Mead 4795 NW 78th Avenue Ocala, FL 34482 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004765320--5 -01/10/02--01071--008 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Robert C. Allen 3920 N. U.S. Hwy. 441 Ocala, FL 34475 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
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CR2E034 (11/00)

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.

SIGNATURE: Kennth H Mead 2-8-2001 (352)867-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #