

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

07-10-2002 90195 009 \*\*\*150.00

**DOCUMENT # P00000085471**

1. Entity Name  
**TRACE SOLUTIONS INC.**

Principal Place of Business

**2219 W CLAY STREET  
 KISSIMMEE FL 34741**

Mailing Address

**51 PETERLEE COURT  
 KISSIMMEE FL 34758**

2. Principal Place of Business

**2219 W Clay Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**2219 W Clay Street**  
 Suite, Apt. #, etc.

City & State

**Kissimmee FL**

City & State

**Kissimmee FL**

4. FEI Number

**59-9191957**

Applied For

Not Applicable

Zip  
**34741**

Country  
**USA**

Zip  
**34741**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KNOPP, TIMOTHY B  
 51 PETERLEE COURT  
 KISSIMMEE FL 34758**

7. Name and Address of New Registered Agent

Name

**Timothy B Knopp**

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

**103 Country Creek Lane**

City

**Kissimmee**

**FL**

Zip Code  
**34741**

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

**Timothy B Knopp Sec, Treasurer**

**07/08/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **P** ☐ Delete  
 NAME **KNOPP, PAMELA J**  
 STREET ADDRESS **51 PETERLEE CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE **ST** ☐ Delete  
 NAME **KNOPP, TIMOTHY B**  
 STREET ADDRESS **51 PETERLEE CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition  
 NAME **Knopp, Pamela J**  
 STREET ADDRESS **103 Country Creek Lane**  
 CITY-ST-ZIP **Kissimmee FL 34746**

TITLE **Secretary-Treasurer** ☐ Change ☐ Addition  
 NAME **Knopp, Timothy B**  
 STREET ADDRESS **103 Country Creek Lane**  
 CITY-ST-ZIP **Kissimmee FL 34746**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**Timothy B Knopp**

**7-8-02**

**407.943.8790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

BD128441

## Midwest Specialty Products Inc.



2219 West Clay Street  
Kissimmee, Florida 34741 U.S.A.  
800-637-0151 (PHONE) 866-463-6457 (FAX)  
407-943-8790 (PHONE) 407-943-8992 (FAX)  
[midwestfoils@hotmail.com](mailto:midwestfoils@hotmail.com)

July 8, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee FL 32302-1500

*Attachment*

RE: Document # P00000085471

To Whom It Concern:

I have made a photo copy showing that this form did not get forwarded until July 2, 2002. Please waive the penalty, and I have enclosed the original fee of \$ 150.00. Thank you for your consideration.

Sincerely,

  
Timothy B Knopp  
Secretary Treasurer



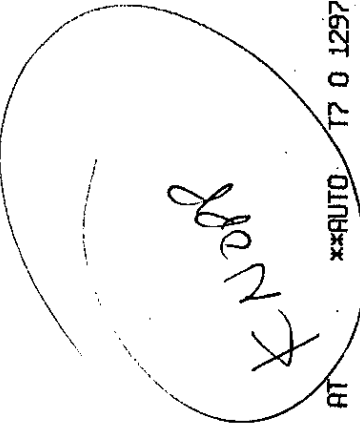
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

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FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS

84371

*Attachment # P0000085471*

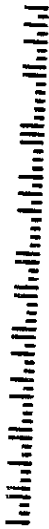


TO: 0134060 AT \*\*AUTO T7 0 1297 34758-292251



P0000085471  
TRACE SOLUTIONS INC.

KNOP051 347583018 1102 21 07/02/02  
NOTIFY SENDER OF NEW ADDRESS  
KNOPP  
103 COUNTRY CREEK LN  
KISSIMMEE FL 34746-6057



*Attachment # P0000085471  
B0128411*