

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34715

1. Entity Name

FLORIDA DIVISION - TRAX INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90236 035 \*\*\*150.00

Principal Place of Business

Mailing Address

S. PERIMETER HIGHWAY  
 GA 30349

1340 S. PERIMETER HIGHWAY  
 ATLANTA GA 30349-5934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0875829

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHORT, HOUSTON E  
 POHL & SHORT PA  
 280 W CANTON AVE #410  
 WINTER PARK FL 32789

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	D	<input type="checkbox"/> Delete
NAME	MIYAZAKI, HISASHI	
STREET ADDRESS	4-2 OHTEMAH I-CHOME, CHIYODA-KU	
CITY-ST-ZIP	TOKYO, JAPAN	
TITLE	D	<input type="checkbox"/> Delete
NAME	UJIE, TOSHIKI	
STREET ADDRESS	1340 S PERIMETER HIGHWAY	
CITY-ST-ZIP	ATLANTA GA 30349	
TITLE	D	<input type="checkbox"/> Delete
NAME	TODOROKI, TOMIKAZU	
STREET ADDRESS	4-2 OHITEMACHI, 1-CHOME	
CITY-ST-ZIP	CHIYODA-KU TO	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HUMPHREY, H.	
STREET ADDRESS	1340 S. PERIMETER HWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	TYNER, DEBORAH C	
STREET ADDRESS	1340 S PERIMETER HWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRENNER, PAUL C	
STREET ADDRESS	1340 S PERIMETER HWY	
CITY-ST-ZIP	ATLANTA GA 30349	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/00  
 Date Daytime Phone #

CR2E034 (9/99)