

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000047371
1. Entity Name

TRAUMA Informational Services

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business <u>2040 NE 163 Street</u> Suite, Apt. #, etc. <u>202 B</u> City & State <u>North Miami Beach, FL</u> Zip <u>33162</u> Country <u>USA</u>		3. Mailing Address <u>same</u> Suite, Apt. #, etc. City & State Zip Country	
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4. FEI Number <u>65-0850293</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent Name <u>Wendy McDaniel</u> Street Address (P.O. Box Number is Not Acceptable) <u>455 NE 23 TR #2</u> City <u>Miami Fla</u> FL Zip Code <u>33137</u>	
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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 Wendy McDaniel president Wendy McDaniel 11/15/02
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when remodeling) DATE

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

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY - ST - ZIP <u>President Wendy McDaniel 455 N. E 23 TR #2 Miami, Fla 33137</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>300009354678 12/04/02--01065--027--**150.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Registered Agent Wendy McDaniel 455 NE 23 TR #2 Miami, Fla 33137</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy McDaniel Wendy McDaniel president 11/15/02 (305) 785-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Nov 19, 2002.

To Whom It May Concern,

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I did not receive my annual report in the mail, therefore I was unable to file in a timely manner. I would like to request you to waive the penalty fee.

Thank You

Wendy McDaniel