2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

Mar 06, 2002 8:00 am 3 Secretary of State DOCUMENT # 189405 1. Entity Name TRACOR INC 03-06-2002 90088 003 ***150.00 Principal Place of Business Mailing Address 2033 WOOD ST PO BOX 4009 STE 218 SARASOTA FL 34230 SARASOTA FL 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1201321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRAWICK JR, HENRY P Street Address (P.O. Box Number is Not Acceptable) **2033 WOOD ST STE 218** SARASOTA FL 34237 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PDT ☐ Delete TITLE ☐ Addition NAME Trawick, Jr Henry P NAME 2033 WOOD ST, STE 218 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MULLET, JULIE A STREET ADDRESS 2033 WOOD ST, STE 218 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7JP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 justee 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 a property of the property of the corporation of the corpora

FILED

প্ৰাণ্ড as president 2/18/02 (941)366-0660 HENRY URE MO THE CANATE TIMING OFFICE OR DIRECTOR I dent Daytime Phone #

Ottachment # 189405

P.O. Box 4009 Sarasota, Florida 34230

941 366-0660

DOCUMENTS TRANSMITTAL:

DATE: February 18, 2002

Re: Tracor, Inc.

The following are enclosed:

2002 Uniform Business Report and a check for \$150.00 for --- your filing fee.

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

HPT/jam