

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**  
 09-03-2002 90117 016 \*\*\*558.75

**DOCUMENT # F00000005284**

1. Entity Name  
**TRACERS INFORMATION SPECIALISTS, INC.**

Principal Place of Business  
**1021 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

Mailing Address  
**1021 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

2. Principal Place of Business

**4538 COMMERCIAL WAY**

Suite, Apt. #, etc.

3. Mailing Address

**4538 COMMERCIAL WAY**

Suite, Apt. #, etc.

City & State  
**SPRING HILL, FL**

City & State  
**SPRING HILL FL**

Zip  
**34606**

Country

Zip  
**34606**

Country

4. FEI Number **04-3356198**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**KILBURN, TERRY**  
**1021 E. HILLSBORO BLVD.**  
**DEERFIELD FL 33441**

## 7. Name and Address of New Registered Agent

Name **KILBURN, TERRY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4538 COMMERCIAL WAY**  
 City **SPRING HILL** **FL** Zip Code **34606**

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 **Terry Kilburn**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/27/2002**  
 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, 2002 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	<input type="checkbox"/> Delete
PCD	KILBURN, NANCY B	1021 E. HILLSBORO BLVD	DEERFIELD BEACH FL	<input type="checkbox"/>
VD	HARRINGTON, PAUL K	1021 E. HILLSBORO BLVD	DEERFIELD BEACH FL	<input checked="" type="checkbox"/>
SD	KILBURN, TERRY	1021 E. HILLSBORO BLVD	DEERFIELD BEACH FL	<input type="checkbox"/>
VTD	KILBURN, C. DALE	1021 E. HILLSBORO BLVD	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	KILBURN NANCY B	4538 COMMERCIAL WAY	SPRING HILL FL 34606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SD KILBURN TERRY	4538 COMMERCIAL WAY	SPRING HILL FL 34606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VTD KILBURN, C. DALE	4538 COMMERCIAL WAY	SPRING HILL, FL 34606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **C. Dale Kilburn**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/2002** **352-592-8501**  
 Date Daytime Phone #

CR2E034 (9/01)