

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000006326**1. Entity Name  
VERTETRAK, INC.**Principal Place of Business**

63 SARASOTA CENTER BLVD., SUITE 104

SARASOTA FL  
34240**Mailing Address**

63 SARASOTA CENTER BLVD., SUITE 104

SARASOTA FL  
34240**2. Principal Place of Business**

63 SARASOTA CENTER BOULEVARD

**3. Mailing Address**

63 SARASOTA CENTER BOULEVARD

Suite, Apt. #, etc.  
SUITE 104Suite, Apt. #, etc.  
SUITE 104City & State  
SARASOTA FLCity & State  
SARASOTA FLZip Country  
34240Zip Country  
342404. FEI Number  
**65-1054816**Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ **01/15/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SERVIZIO LOUIS A	
STREET ADDRESS	63 SARASOTA CENTER BLVD., SUITE 104	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS KARIN APRES	
STREET ADDRESS	6747 OLD RANCH ROAD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	MR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVIZIO LOUIS ACEO	
STREET ADDRESS	11220 BRASS KETTLE ROAD	
CITY-ST-ZIP	RALEIGH NC 27614	
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
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: KARIN A. PERKINS****PRES 01/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)