

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F02000002756

Entity Name
FOTRACK INFORMATION SERVICES INC.



FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 050 ***550.00

Principal Place of Business
11 DEERLAKE RD.
DEERFIELD IL 60015

Mailing Address
111 DEERLAKE RD.
DEERFIELD IL 60015



Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 36-3706858

Applied For
Not Applied For

Country

Zip

Country

5. Certificate or Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTHER, EDWARD
15 GLENDALE, A7
CLEARWATER BEACH FL 33767

NAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or printed name of registered agent and the applicable

NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PS KAPLAN, STEVE 111 DEERLAKE RD. DEERFIELD IL 60015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11, unchanged, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/04

Signature Printed Name