FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # F9400001646 1. Entity Name GLOBAL TRACKING SERVICES, INC. 04-03-2001 90068 001 ***150.00 Principal Place of Business Mailing Address 7901 4TH STREET NORTH 7901 4TH STREET NORTH SUITE 200 SUITE 200 ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 35-1915856 Not Applicable Zíp Country Ζίρ Country \$8.715 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BALKAN, THOMAS J Street Address (P.O. Box Number is Not Acceptable) 7901 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33702 City Zib 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEOD ☐ Delete TITLE TITLE ☐ Addition (hange WALL, KARL J NAME NAME STREET ADDRESS 700 1ST AVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL ☐ Delete TITLE □ Ĉhange ☐ Addition TITL F MCNALLY, JOSEPH W NAME NAME STREET ADDRESS 830 PINELLAS BAYWAY SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete Addition TITLE NAME READ, WAYNE NAME STREET ADDRESS 3732 BRAMBLEWOOD CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAND O LAKES FL 34639 TITLE Addition TITLE ☐ Delete Change REINKING, LINDA L. NAME NAME STREET ADDRESS 2218 BIRCHBARK TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE Change Addition BALKAN, THOMAS J NAME NAME STREET ADDRESS 7233 DANBURY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER BEACH FL 33764 TITLE ☐ Delete TITLE Addition ☐ Change 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 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.

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