

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90050 011 ***158.75

DOCUMENT # F97000003986

1. Entity Name

TRAK COMMUNICATIONS INC.

Principal Place of Business

**4726 EISENHOWER BLVD
TAMPA FL 33634-6391**

Mailing Address

**4726 EISENHOWER BLVD
TAMPA FL 33634-6391**

2. Principal Place of Business

4902 Eisenhower Blvd

3. Mailing Address

4902 Eisenhower Blvd

Suite, Apt. #, etc.

Suite 155

Suite, Apt. #, etc.

Suite 155

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33634

Country

USA

Zip

33634

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Delete
NAME **POURCIAU, CHARLES L**
STREET ADDRESS **4726 EISENHOWER BLVD.**
CITY-ST-ZIP **TAMPA FL 33634**

TITLE **DIV** ☐ Change ☒ Addition
NAME **MUSALLAM, Ramzi**
STREET ADDRESS **660 MADISON AVE, 14th FL**
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **T/V** ☐ Delete
NAME **FRANSEN, DENNIS C**
STREET ADDRESS **4726 EISENHOWER BLVD**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **CDP** ☐ Delete
NAME **MCKEON, ROBERT B**
STREET ADDRESS **660 MADISON AVE., 14TH FL**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D/S** ☐ Delete
NAME **CAMPBELL, THOMAS J**
STREET ADDRESS **660 MADISON AVE., 14TH FL**
CITY-ST-ZIP **NEW YORK NY 10021**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Charles Pourciau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Feb 01 813-901-7486

Date

Daytime Phone #

CR2E034 (10/00)