

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002307

1. Entity Name

TRANSACTION TRACKING TECHNOLOGIES, INC.

FILED

Aug 08, 2000 8:00 am  
Secretary of State

08-08-2000 90004 012 \*\*\*550.00

Principal Place of Business

Mailing Address

100 SECOND AVENUE SOUTH, SUITE 1101  
ST. PETERSBURG FL 33701

100 SECOND AVENUE SOUTH, SUITE 1101  
ST. PETERSBURG FL 33701-4360

2. Principal Place of Business

3. Mailing Address

1311 N. WESTSHORE BLVD  
Suite, Apt. #, etc.  
# 301

209 10TH Ave South  
Suite, Apt. #, etc.  
SUITE 536

City & State  
Tampa, FL

City & State  
Nashville TN

Zip  
33607

Country  
USA

Zip  
37203

Country  
USA

4. FEI Number 59-3459741

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

7. Name and Address of New Registered Agent

BAYNARD, WILLIAM T JR, ESQ  
100 SECOND AVENUE SOUTH, SUITE 1101  
ST. PETERSBURG FL 33701

Name  
MIKE KOVAL  
Street Address (P.O. Box Number is Not Acceptable)  
1311 N. WESTSHORE BLVD  
SUITE 301  
City Tampa FL Zip Code 33607

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]*

7.27.2000

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, 2000 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	P BAYNARD, WILLIAM T JR. 100 SECOND AVENUE SOUTH, SUITE 1100 ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, WILLIAM R 100 SECOND AVENUE SOUTH, SUITE 1100 ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOZEMAN, WILLIAM O III 100 SECOND AVENUE SOUTH, SUITE 1100 ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT/CEO WILLIAM G. HEIM 1311 N. WESTSHORE BLVD - SUITE 301 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEFFREY J. KEITH 1311 N. WESTSHORE BLVD - SUITE 301 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOM BLACK 1311 N. WESTSHORE BLVD - SUITE 301 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* William G. Heim Pres & CEO 7/30/00 615-726-6041

Date

Daytime Phone #