

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90358 036 \*\*\*158.75

DOCUMENT # J87660

1. Entity Name

COMPUTERIZED TRAFFIC DATA, INC.

Principal Place of Business

14444 BEACH BLVD  
STE 18-332  
JACKSONVILLE FL 32250  
US

Mailing Address

14444 BEACH BLVD  
STE 18-332  
JACKSONVILLE FL 32250  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2835963

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, JAMES W.  
C/O WALKER & KOEGLER  
4655 SALISBURY RD., STE. 390  
JACKSONVILLE FL 32256

Name LOWRY, H. MICHAEL  
Street Address (P.O. Box Number is Not Acceptable)  
3399 LIGHTHOUSE POINT LANE  
City JACKSONVILLE FL Zip Code 32250

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.

H. MICHAEL LOWRY, PRESIDENT

SIGNATURE *H. Michael Lowry*  
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *3/3/01*

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 PTD ☐ Delete  
NAME LOWRY, H. MICHAEL  
STREET ADDRESS 3399 LIGHTHOUSE POINT LANE  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DS ☐ Delete  
NAME SIMPSON, MICHAEL  
STREET ADDRESS 14444 BEACH BLVD, STE 18-332  
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *H. Michael Lowry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/3/01* 904-992 9356  
Date Daytime Phone #

CR2E034 (10/00)