

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M07612

1. Entity Name

TRACY PROFESSIONAL SERVICES, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90092 050 ***150.00

Principal Place of Business

1205 MARIPOSA AVE STE 206
P O BOX 24 8835
CORAL GABLES FL 33124

Mailing Address

1205 MARIPOSA AVE STE 206
P O BOX 24 8835
CORAL GABLES FL 33124

2. Principal Place of Business

3. Mailing Address

P.O. Box 24 8835

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORAL Gables

City & State

City & State

Zip

Country

Zip

Country

33124

USA

4. FEI Number 59-2464005

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

SMITH, JO ANN F.
1205 MARIPOSA AVE.
APT. 206
CORAL GABLES FL 33146

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
SMITH, JO ANN F.
1205 MARIPOSA AVE. #206
CORAL GABLES FL ☐ Delete

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/25/01 305-666-9460

CR2E034 (10/00)