

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90691 004 ***150.00

DOCUMENT # M07612

1. Entity Name
TRACY PROFESSIONAL SERVICES, INC.



Principal Place of Business
1205 MARIPOSA AVE STE 206
P O BOX 24 8835
CORAL GABLES FL 33124

Mailing Address
P O BOX 24 8835
CORAL GABLES FL 33124



2. Principal Place of Business
5701 SW 54 TERR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33155
Country
USA

City & State
F
Zip
F
Country

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
JOANN F. Smith
Street Address (P.O. Box Number is Not Acceptable)
5701 SW 54 TERR
City
Miami **FL** Zip Code
33155

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joann F. Smith*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/08/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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

TITLE
NAME
STREET ADDRESS
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☐ Delete ☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann F. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/08/03 Daytime Phone #
305-586-6985

CR2E034 (10/02)