

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003774

1. Entity Name

NATIONAL TRACKING & CADAVER RECOVERY, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90127 007 ****61.25

Principal Place of Business

2845 BELCHER RD
PALM HARBOR FL 34683

Mailing Address

2845 BELCHER RD
PALM HARBOR FL 34683-7108

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

59-3401163

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

MOORE, KAKIE
2845 BELCHER RD
PALM HARBOR FL 34683

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS MOORE, KAKIE
CITY-ST-ZIP 2845 BELCHER RD.
PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS Capt. Scott F. Haydel
CITY-ST-ZIP 400 St. Martin St.
St. Martinville, LA 70582

TITLE ☒ Delete
NAME T
STREET ADDRESS CAUDLE, DENNIS
CITY-ST-ZIP 2546 LIMWOOD DRIVE
HOLLIDAY FL 34690

TITLE ☐ Change ☒ Addition
NAME Vice-President
STREET ADDRESS Ret. Lt. Col. John F. Spaid
CITY-ST-ZIP 831 Maple Ct.
Dunedin, FL 34698

TITLE ☒ Delete
NAME T
STREET ADDRESS TOMAS, KAREN
CITY-ST-ZIP 635 RIVERSIDE DR.
TARPOON SPRINGS FL 34689

TITLE ☐ Change ☒ Addition
NAME Trustee
STREET ADDRESS Marcia Brown
CITY-ST-ZIP 530 County Rd 356
Gatesville, TX 76528

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Trustee
STREET ADDRESS Annie Sponte
CITY-ST-ZIP 2080 DIANE DR
Palm Harbor, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Trustee
STREET ADDRESS Cpl. Mimi Donato
CITY-ST-ZIP 400 St. Martin St.
St. Martinville, LA 70582

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 617, 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:

KAKIE MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00 727-797-4140
Date Daytime Phone #