

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

0427069

DOCUMENT # P00000031899

1. Entity Name

SAT-TRAC CORPORATION

05-03-2001 90082 015 ***150.00

Principal Place of Business

5577 OAKRIDGE DRIVE
 PALM HARBOR FL 34685

Mailing Address

5577 OAKRIDGE DRIVE
 PALM HARBOR FL 34685

2. Principal Place of Business

100 10th Street

3. Mailing Address

100 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100

100

City & State

City & State

Golden, CO

Golden, CO

Zip

80401

Country

USA

Zip

80401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

BUNTIN, ROBERT
 5577 OAKRIDGE DRIVE
 PALM HARBOR FL 34685

Name

Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable)

941 4th Street Ste. 200

Miami Beach FL 33139

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

Stephen Samuel Vice President CCN Inc.

4/26/01

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BUNTIN, ROBERT**
 CITY-ST-ZIP **5577 OAKRIDGE DRIVE**
PALM HARBOR FL 34685

TITLE ☒ Change ☐ Addition
 NAME **Buntin, Robert**
 STREET ADDRESS **1860 Hidden Meadows Dr**
 CITY-ST-ZIP **Reno, NV 89502**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Robert Buntin Robert Buntin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)