

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
May 25, 2001 8:00 am
Secretary of State

05-02-2001 90205 017 ***150.00

DOCUMENT # P00000059832

1. Entity Name

TRACKITFINDIT.COM, CORP.

Principal Place of Business

7164 PEMBORKE ROAD SUITE C
 MIRAMAR FL 33023

Mailing Address

7164 PEMBORKE ROAD SUITE C
 MIRAMAR FL 33023

2. Principal Place of Business

1855 S Dixie Hwy
 Suite, Apt. #, etc.

3. Mailing Address

1855 S Dixie Hwy
 Suite, Apt. #, etc.

City & State

Pompano Bch. FL

City & State

Pompano Bch. FL

4. FEI Number

65-1024703

Applied For

Not Applicable

Zip

33060

Country

Broward

Zip

33060

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, PETER
 7164 PEMBORKE ROAD SUITE C
 MIRAMAR FL 33023

7. Name and Address of New Registered Agent

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: *Peter Rodriguez* President *Peter Rodriguez* 4-20-2001
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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, PETER 7164 PEMBORKE ROAD SUITE C MIRAMAR FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD MCLEMORE, CRAIG 7164 PEMBORKE ROAD SUITE C MIRAMAR FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VETTESE, ANDREW 7164 PEMBORKE ROAD SUITE C MIRAMAR FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO <i>Michael O'Neal</i> 22809 Marbella Circle Boca Raton FL 33433 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Peter Rodriguez* President *Peter Rodriguez* 4-20-2001 (954) 945-3433
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)