

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082934

1. Entity Name

MATTHEW E. TRACY, P.A.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90224 008 \*\*\*150.00

UUU500843



DO NOT WRITE IN THIS SPACE

|                                                                                                                            |         |                                        |         |
|----------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------|---------|
| Principal Place of Business                                                                                                |         | Mailing Address                        |         |
| 8534 WYTHMERE LANE<br>ORLANDO FL 32835                                                                                     |         | 8534 WYTHMERE LANE<br>ORLANDO FL 32835 |         |
| 2. Principal Place of Business                                                                                             |         | 3. Mailing Address                     |         |
| Suite, Apt. #, etc.                                                                                                        |         | Suite, Apt. #, etc.                    |         |
| City & State                                                                                                               |         | City & State                           |         |
| Zip                                                                                                                        | Country | Zip                                    | Country |
| 6. Name and Address of Current Registered Agent                                                                            |         |                                        |         |
| <p>SWART, HARRY J<br/>717 E. OAK STREET<br/>KISSIMMEE FL 34744</p>                                                         |         |                                        |         |
| 7. Name and Address of New Registered Agent                                                                                |         |                                        |         |
| <p>Name<br/>Street Address (P.O. Box Number is Not Acceptable)<br/>City <span style="float: right;">FL Zip Code</span></p> |         |                                        |         |

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.<br>(See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00<br/>After MAY 1, 2001 Fee will be \$550.00<br/>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                 |  |                                                                                                                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|--|
| 11. OFFICERS AND DIRECTORS                                                                                                                                                      |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                      |  |
| <p>TITLE <input type="checkbox"/> Delete<br/>NAME <b>D</b><br/>STREET ADDRESS <b>TRACY, MATTHEW E</b><br/>CITY-ST-ZIP <b>8534 WYTHMERE LANE</b><br/><b>ORLANDO FL 32835</b></p> |  | <p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  |
| <p>TITLE <input type="checkbox"/> Delete<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p>                                                                                        |  | <p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  |
| <p>TITLE <input type="checkbox"/> Delete<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p>                                                                                        |  | <p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  |
| <p>TITLE <input type="checkbox"/> Delete<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p>                                                                                        |  | <p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  |
| <p>TITLE <input type="checkbox"/> Delete<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p>                                                                                        |  | <p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br/>NAME<br/>STREET ADDRESS<br/>CITY-ST-ZIP</p> |  |

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: *Matthew E. Tracy, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-01 293-7871

Daytime Phone #

CR25034 (10/00)