

9/9/02

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90008 042 \*\*\*550.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000069869**

1. Entity Name  
**GLOBAL TRAK, INCORPORATED**

Principal Place of Business

**2030 PLEASANT POINT RD  
 GENEVA FL 32732**

Mailing Address

**2030 PLEASANT POINT RD  
 GENEVA FL 32732**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3734821

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WISDOM, AVERY P  
 2030 PLEASANT POINT RD  
 GENEVA FL 32732**

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

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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- FOUNTAIN, DENNIS F**  
 STREET ADDRESS **5703 RED BUG LAKE RD, #237-**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☒ Addition  
 NAME **DJP ROBERT PEDERSON**  
 STREET ADDRESS **1547 TREADE CIR.**  
 CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **DT CAROLYN POOLE**  
 STREET ADDRESS **2030 PLEASANT POINT RD**  
 CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **D TIMOTHY DOWNEY**  
 STREET ADDRESS **415 ATE RD.**  
 CITY-ST-ZIP **MALABAR, FL 32950**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **D AVERY P. WISDOM**  
 STREET ADDRESS **2030 PLEASANT PT. RD.**  
 CITY-ST-ZIP **GENEVA, FL 32732**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE

Date

Daytime Phone #

CR2E034 (4/02)