

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90022 044 ***150.00

DOCUMENT # P01000091998

1. Entity Name

THE PRINCESS TRACY CO., INC.

Principal Place of Business

~~469 S CHICKASAW TRAIL~~
ORLANDO FL 32825

Mailing Address

~~469 S CHICKASAW TRAIL~~
ORLANDO FL 32825

2. Principal Place of Business

5837 DAHLIA DR. ORL 32807

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3757648

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32807

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARK, RON L

~~469 S CHICKASAW TRAIL~~
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

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

5837 DAHLIA DR.

City

ORLANDO

FL

Zip Code

32807

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **PTD** ☐ Delete
NAME **MARK, RON L**
STREET ADDRESS ~~469 S CHICKASAW TRAIL~~
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **SVD** ☐ Delete
NAME **MARK, PAULETTE L**
STREET ADDRESS ~~469 S CHICKASAW TRAIL~~
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **5837 DAHLIA DR.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE **5837 DAHLIA DR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ORLANDO, FL 32807**

TITLE ☐ Change ☐ Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/02

Daytime Phone #

907-273-4663

CR2E034 (9/01)