2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90081 034 ***150.00

DOCUMENT # P02000133826

1. Entity Name
TRA PROVIDER SERVICES, INC.

Principal Place of Business	Mailing Address
~~138 NORTH SHADOW BAY DRIVE~~ ~~ORLANDO, FL 32825-3765~~	~~138 NORTH SHADOW BAY DRIVE~~ ~~ORLANDO, FL 32825-3765~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
36733 Eustis Sand Co. Rd	36733 Eustis Sand Co. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, FL	City & State: Eustis, FL
Zip: 32736 Country: USA	Zip: 32736 Country: USA

4. FEI Number 58-2631688 ☐ 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
MOTOLAW, INC. 50 NORTH LAURA STREET SUITE 2600 JACKSONVILLE, FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~FILING FEE & STATE RETURN FEE IS $150.00~~
~~After May 1, 2003 Fee will be $550.00~~
~~Make Check Payable to Florida Department of State~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUCKER, DEBRA JEAN 138 NORTH SHADOW BAY DRIVE ORLANDO, FL 328253765	☐ Delete		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra Jean Tucker 3/21/2003 (352) 357-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #