

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90037 041 ***150.00

DOCUMENT # P93000005026

1. Entity Name
TRACKING SYSTEMS OF AMERICA, INC.



| | |
|---|---|
| Principal Place of Business 8849 SAN JOSE BLVD N/A JACKSONVILLE FL 32217 US | Mailing Address 8849 SAN JOSE BLVD N/A JACKSONVILLE FL 32217 US |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3162376 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HUSEMAN, WILLIAM R ESQ
6320 ST AUGUSTINE ROAD- LAW OFFICES
BLDG #12
JACKSONVILLE FL 32217**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! 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

| | | |
|----------------|---------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JACKSON, HAMPTON J. M.D. | |
| STREET ADDRESS | 1101 RIVERVIEW PLACE | |
| CITY-ST-ZIP | FT. WASHINGTON MD 20744 | |
| TITLE | DCP | <input type="checkbox"/> Delete |
| NAME | MINOR, CHARLES | |
| STREET ADDRESS | 9589 WHITTINGTON DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | MINOR, MARIAN | |
| STREET ADDRESS | 9589 WHITTINGTON DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---|--|
| TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Huseman, William R ESQ | |
| STREET ADDRESS | 6320 St. Augustine Road, Bldg. #12 | |
| CITY-ST-ZIP | Jacksonville, Florida 32217 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 904-739-5955
Date Daytime Phone #

CR2E034 (10/02)