

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90226 007 \*\*\*150.00

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DOCUMENT # P95000036516

1. Entity Name  
TRACO DEVELOPMENT, INC.



Principal Place of Business  
10950 OLD SOUTH WAY  
FORT MYERS FL 33908

Mailing Address  
1217 CAPE CORAL PKWY  
PMB #133  
CAPE CORAL FL 33904  
US

2. Principal Place of Business

1325 SE 47th Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

Zip

33904

Country

USA

Zip

Country

4. FEI Number

65-0767739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MAUL, ANTHONY R  
5602 SW 9TH AVE  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

MAUL, Anthony

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

1325 SE 47th Street

Suite G

City

CAPE CORAL

FL

Zip Code

33904

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

*Anthony R. Maul*

4/30/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MAUL, ANTHONY R	
STREET ADDRESS	2418 SE 28TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAVERWEIN, ERNEST	
STREET ADDRESS	166 SW 53RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Anthony R. Maul*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

239-540-4110

CR2E034 (10/02)