

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90149 044 \*\*\*150.00

**DOCUMENT # P95000088872**

1. Entity Name  
**TRACER CORPORATION**

Principal Place of Business 8177 GLADES RD STE. 211 BOCA RATON FL 33434 US	Mailing Address POB 970697 BOCA RATON FL 33497-0697 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>20283 State Rd. # 7</b>	3. Mailing Address
Suite, Apt. #, etc. <b>219</b>	Suite, Apt. #, etc.

City & State <b>BOCA RATON, FL</b>	City & State
Zip <b>33498</b> Country <b>Palm Beach</b>	Zip Country

4. FEI Number <b>65-0622984</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRATT, GREG**  
**21191 SWEETWATER LANE NORTH**  
**BOCA RATON FL 33428**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**20283 State Rd. 7, Suite 219**  
 City **BOCA RATON** FL Zip Code **33498**

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 \_\_\_\_\_ (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, 2000 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PRATT, GREG</b>	
STREET ADDRESS <b>21191 SWEETWATER LANE NORTH</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>PRATT, LUCY</b>	
STREET ADDRESS <b>21191 SWEETWATER LANE NORTH</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	
TITLE <del>VP</del>	<input type="checkbox"/> Delete
NAME <b>SUDASASSI, RICHARD</b>	
STREET ADDRESS <b>20389 HACIENDA CT</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33498</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>ESPINOSA, LILIA INES</b>	
STREET ADDRESS <b>2179 NW 115 LANE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRATT, GREG</b>	
STREET ADDRESS <b>20283 State Rd. 7, Suite 219</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33498</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCY PRATT</b>	
STREET ADDRESS <b>20283 State Rd. 7, Suite 219</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33498</b>	
TITLE <del>VP</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Sudasassi, Richard</b>	
STREET ADDRESS <b>20283 State Rd. 7, Suite 219</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33498</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ESPINOSA, LILIA INES</b>	
STREET ADDRESS <b>20283 State Rd. 7, Suite 219</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33498</b>	
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	

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: LILIA INES ESPINOSA **SIGNATURE REQUIRED** Jan 12 '00 561-883-0992  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #