

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90176 018 \*\*\*150.00

0133078 AT

**DOCUMENT # P95000088872**

1. Entity Name  
**TRACER CORPORATION**



Principal Place of Business  
**20283 STATE RD #7  
219  
BOCA RATON FL 33498  
US**

Mailing Address  
**POB 970697  
BOCA RATON FL 33497-0697  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **65-0622984**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PRATT, GREG  
20283 STATE RD 7, SUITE 219  
BOCA RATON FL 33498**

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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PRATT, GREG 20283 STATE RD 7, SUITE 219 BOCA RATON FL 33498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PRATT, LUCY 20283 STATE RD7 SUITE 219 BOCA RATON FL 33498</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SUDASASSI, RICHARD 20283 STATE RD 7, SUITE 219 BOCA RATON FL 33498</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ESPINOSA, LILIA INES 20283 STATE RD 7, SUITE 219 BOCA RATON FL 33498</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S PRATT, LUCY 20283 STATE RD. 7, SUITE 219 BOCA RATON, FL 33498</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ADD TREASURER KEEP SECRETARY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lucy Pratt* **REQUIRED** 7-14-03 561-883-0992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment



[www.tracercad.com](http://www.tracercad.com)

(800) TRACER-3  
(561) 883-0992  
(561) 883-2209 Fax

Correspondence:  
P.O. Box 970697  
Boca Raton, FL 33497-0697

Shipping:  
20283 State Road 7, Suite 219  
Boca Raton, FL 33498

90151570  
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P95000088872

August 12, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I respectfully request you accept the \$150 filing fee enclosed and mark our report as timely filed for the following reason.

Our corporate assets were in the process of being sold to a corporation in Ohio who is using Tracer Corporation as a DBA name. As officers, we never received the previous paperwork and believe it may have been mistakenly sent to Ohio. Upon receiving this most recent paperwork we realized the mistake and took immediate action.

Again, I respectfully request you accept our check for \$150 and mark our report as timely filed.

Respectfully submitted,

A handwritten signature in cursive script that reads 'Lucy Pratt'.

Lucy Pratt  
Tracer Corporation