

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091234

1. Entity Name

TRACSTAR SYSTEMS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90035 012 ***150.00

Principal Place of Business

719 W WINTER PARK STREET
ORLANDO FL 32804

Mailing Address

719 W WINTER PARK STREET
ORLANDO FL 32804-4901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PROVENCHER, JAMES
719 W WINTER PARK STREET
ORLANDO FL 32804

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COOK, THOMAS E	1140 AVDUBON PL	ORLANDO FL 32804	<input type="checkbox"/>
VD	PROVENCHER, DAVID	3393 AMACA CIRCLE	ORLANDO FL 32837	<input type="checkbox"/>
VD	HADLEY, CHRIS	2260 DISTRIBUTORS DR	INDIANAPOLIS IN 46241-5005	<input type="checkbox"/>
VTD	BRUMFIELD, CRAIG	6201 SW 145TH STREET	MIAMI FL 33158	<input type="checkbox"/>
VD	MAYNARD, CHARLES	1033 COLINA DRIVE	VILLA HILLS KY 41017	<input type="checkbox"/>
VSD	PROVENCHER, JAMES	719 W WINTER PARK STREET	ORLANDO FL 32804	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-1-00 407-849-0050

CR2E034 (9/99)