

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91553 021 \*\*\*150.00

**DOCUMENT # P96000091234**

1. Entity Name

**TRACSTAR SYSTEMS, INC.**

Principal Place of Business

**719 W WINTER PARK STREET  
 ORLANDO FL 32804**

Mailing Address

**719 W WINTER PARK STREET  
 ORLANDO FL 32804**

**C0068481**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2400 N. ORANGE BLOSSOM**

3. Mailing Address

**2400 N. ORANGE BLOSSOM**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL**

City & State

**ORLANDO, FL**

4. FEI Number **59-3411960**

Applied For

Not Applicable

Zip

**32804**

Country

**USA**

Zip

**32804**

Country

**USA**

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, 2001 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 **PD** ☐ Delete  
 NAME **COOK, THOMAS E**  
 STREET ADDRESS **1140 AVDUBON PL**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **PROVENCHER, DAVID**  
 STREET ADDRESS **3393 AMACA CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition  
 NAME **10104 NEWINGTON BL**  
 STREET ADDRESS **ORLANDO FL 32736**  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **HADLEY, CHRIS**  
 STREET ADDRESS **2260 DISTRIBUTORS DR**  
 CITY-ST-ZIP **INDIANAPOLIS IN 46241-5005**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VTD** ☒ Delete  
 NAME **BRUMFIELD, CRAIG**  
 STREET ADDRESS **6201 SW 145TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE **D** ☐ Change ☒ Addition  
 NAME **PAT MATTHEWS**  
 STREET ADDRESS **1035 SHARY CT**  
 CITY-ST-ZIP **CONCORD CA 94518**

TITLE **VD** ☒ Delete  
 NAME **MAYNARD, CHARLES**  
 STREET ADDRESS **1033 COLINA DRIVE**  
 CITY-ST-ZIP **VILLA HILLS KY 41017**

TITLE **D** ☐ Change ☒ Addition  
 NAME **ROBERT MATTHEWS**  
 STREET ADDRESS **1035 SHARY CT**  
 CITY-ST-ZIP **CONCORD CA 94518**

TITLE **VSD** ☒ Delete  
 NAME **PROVENCHER, JAMES**  
 STREET ADDRESS **719 W WINTER PARK STREET**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VPD** ☐ Change ☒ Addition  
 NAME **STEVE MORRISON**  
 STREET ADDRESS **1742 SENECA BLVD**  
 CITY-ST-ZIP **WINTER SPRINGS, FL 32708**

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-31-01 407-600-9054**

CR2E034 (10/00)