

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90049 040 \*\*\*150.00

**DOCUMENT # P96000091234**

**1. Entity Name**  
**TRACSTAR SYSTEMS, INC.**

**Principal Place of Business**  
**2400 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32804**

**Mailing Address**  
**2400 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

**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 **DAVID A. PROVENCHER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10104 NEWINGTON DR**  
 City **ORLANDO** **FL** Zip Code **32836**

**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 *David A. Provencher* **DAVID A. PROVENCHER** **SECRETARY 1-4-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT MATTHEWS	
STREET ADDRESS	1035 SHARY CT	
CITY-ST-ZIP	CONCORD, CA 94518	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID PROVENCHER	
STREET ADDRESS	10104 NEWINGTON DR	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS HADLEY	
STREET ADDRESS	2400 N. ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MATTHEWS	
STREET ADDRESS	1035 SHARY CT	
CITY-ST-ZIP	CONCORD, CA 94518	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG BRUMFIELD	
STREET ADDRESS	6201 SW 145TH ST	
CITY-ST-ZIP	MIAMI, FL 33158	

**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:** *David A. Provencher*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date Daytime Phone #

CR2E034 (9/01)