

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90144 027 ***150.00

DOCUMENT # P97000011684

1. Entity Name
FASTRAK CONSULTING, INC.



Principal Place of Business
**110 E REYNOLDS ST
SUITE 300
PLANT CITY FL 33566**

Mailing Address
**110 E REYNOLDS ST
SUITE 300
PLANT CITY FL 33566**



2. Principal Place of Business
**110 E Reynolds ST
Suite, Apt. #, etc.
SUITE 300**

3. Mailing Address
**110 E Reynolds ST
Suite, Apt. #, etc.
STE 300**

City & State
PLANT CITY FL

City & State
PLANT CITY FL

Zip
33563 Country

Zip
33563 Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3429848**

Applied For
Not Applicable

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

**NAGEL, CYNTHIA
2704 LAUREL OAK DRIVE
PLANT CITY FL 33567**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **33566**

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

(NOTE: Registered Agent signature required when reinstating)

2-25-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **NAGEL, CYNTHIA**
STREET ADDRESS **2704 LAUREL OAK DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **P** ☒ Change ☐ Addition
NAME **NAGEL, CYNTHIA**
STREET ADDRESS **2704 LAUREL OAK DR**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **VP** ☐ Delete
NAME **NAGEL, MARK**
STREET ADDRESS **2704 LAUREL OAK DR**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE **VP** ☒ Change ☐ Addition
NAME **NAGEL, MARK**
STREET ADDRESS **2704 LAUREL OAK DR**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: **Mark Nagel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-03
Date

813 759-0547
Daytime Phone #

CR2E034 (10/02)