

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700 002 7723**

1. Entity Name **The Tracer Group Investigations & Security, INC.**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90003 049 \*\*\*150.00

Principal Place of Business Mailing Address  
**215 W. Jefferson St**  
**Quincy, Florida 32351**

2. Principal Place of Business 3. Mailing Address  
**215 W. Jefferson St** **Same**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Quincy Florida**  
Zip Country Zip Country  
**32351 USA**

4. FEI Number **59-3436868** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**Rowe and Rowe, P.A.**  
**9471 Baymeadows Road**  
**Suite 203**  
**Jacksonville, FL 32256**

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.

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

TITLE	<b>President</b>	<input type="checkbox"/> Delete
NAME	<b>Earnestine L. McMillian</b>	
STREET ADDRESS	<b>215 W. Jefferson</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Charles W. Hallman</b>	
STREET ADDRESS	<b>215 W. Jefferson St</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Earnestine L. McMillian</b>	
STREET ADDRESS	<b>215 W. Jefferson St</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Charles W. Hallman</b>	
STREET ADDRESS	<b>215 W. Jefferson St</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Earnestine L. McMillian</b>	
STREET ADDRESS	<b>215 W. Jefferson St</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Earnestine L. McMillian</b>	
STREET ADDRESS	<b>215 W. Jefferson St</b>	
CITY-ST-ZIP	<b>Quincy, FL 32351</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Earnestine L. McMillian** 4/24/00 850 627-4812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)