

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**  
 05-23-2001 91195 047 \*\*\*150.00

**DOCUMENT #.** *P97000034029*  
**1. Entity Name:**  
**HITRAK ENGINEERING, INC.**

**Principal Place of Business** **Mailing Address**  
**5200 TOWN CENTER CIRCLE** **5200 TOWN CENTER CIR.**  
**STE 550** **STE 550**  
**BOCA RATON, FL 33486** **BOCA RATON, FL 33486**

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**A0071554**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**RACKAWKAN SARUNAS**  
**800 W. CYPRESS CREEK RD.**  
**STE. 240**  
**FT. LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**  
**Name** **SARUNAS RACKAUSKAS**  
**Street Address (P.O. Box Number is Not Acceptable)** **5200 TOWN CENTER CIR., STE. 550**  
**City** **BOCA RATON** **FL** **Zip Code** **33486**

**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]* **S. RACKAUSKAS, CONTROLLER** **5/1/01**  
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** ☐ **\$5.00 May Be Added to Fees**  
-Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>D. ROBERT W. CHAPMAN</b> <b>800 CYPRESS CREEK RD STE 240</b> <b>FT. LAUDERDALE, FL 33309</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

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

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D. ROBERT W. CHAPMAN</b> <b>5200 TOWN CENTER CIR, STE 550</b> <b>BOCA RATON, FL 33486</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 no 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:** *[Signature]* **R Chapman** **5/1/01** **561-226-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)