

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078661

1. Entity Name

TIME TRACKERS, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90012 002 ***150.00

Principal Place of Business

Mailing Address

508 SOUTH OAK STREET
ARCHER FL 32618

508 SOUTH OAK STREET
ARCHER FL 32618-5324

2. Principal Place of Business

12691 NW 85TH AVE

Suite, Apt. #, etc.

3. Mailing Address

12691 NW 85TH AVE

Suite, Apt. #, etc.

City & State

CHIEFLAND FL

Zip

32626

Country

City & State

CHIEFLAND FL

Zip

32626

Country

4. FEI Number

59-3465519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERSON, ARTHUR B
1825 RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

BOWKER, MELISSA NELSON

Street Address (P.O. Box Number is Not Acceptable)

12691 NW 85TH AVE

City

CHIEFLAND

FL

Zip Code

32626

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 Melissa Nelson Bowker

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

MELISSA NELSON BOWKER 1/25/2000

(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 ☐ Delete
NAME D
STREET ADDRESS NELSON, MELISSA
CITY-ST-ZIP 508 SOUTH OAK STREET
ARCHER FL 32618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME S+T
STREET ADDRESS MELISSA NELSON BOWKER
CITY-ST-ZIP 12691 NW 85TH AVE
CHIEFLAND, FL 32626

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS DAVID E. NELSON
CITY-ST-ZIP 508 SOUTH OAK ST
ARCHER, FL 32618-5324

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS LAURIE M COSTELLO
CITY-ST-ZIP 508 SOUTH OAK ST
ARCHER, FL 32618-5324

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

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

TITLE ☐ Change ☐ 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: Melissa Nelson Bowker MELISSA NELSON BOWKER 362-493-9903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/25/2000 Daytime Phone #

CR2E034 (9/99)