

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071463

1. Entity Name

DRIVER TRACKER INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 023 ***150.00

Principal Place of Business

Mailing Address

619 MOSS DRIVE
 ALTAMONTE SPRINGS FL 32714

619 MOSS DRIVE
 ALTAMONTE SPRINGS FL 32714-1330

2. Principal Place of Business

3. Mailing Address

619 Moss Drive

619 Moss Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32714

Country

Seminole

Zip

32714

Country

Seminole

4. FEI Number

59-3536920

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

HILL, MICHAEL S
 619 MOSS DRIVE
 ALTAMONTE SPRINGS FL 32714

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

Michael S Hill President

4-23-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HILL, MIKE	
STREET ADDRESS	619 MOSS DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANON, SHERYL	
STREET ADDRESS	619 MOSS DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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:

Michael S Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-00

Date

(407) 862-7199

Daytime Phone #

CP2E034 (9/99)