

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0036822  
 AV

**DOCUMENT # P98000077854**

1. Entity Name  
**FAST TRACK SERVICES, INC.**

03-29-2002 91424 046 \*\*\*150.00

Principal Place of Business  
**10920 BAYMEADOWS RD**  
**SUITE 27**  
**JACKSONVILLE FL 32256**

Mailing Address  
**10920 BAYMEADOWS RD**  
**SUITE 27**  
**JACKSONVILLE FL 32256**



2. Principal Place of Business  
**10920 Baymeadows Rd.**  
 Suite, Apt. #, etc.  
**Suite 27**  
 City & State  
**Jacksonville, FL**  
 Zip  
**32256** Country  
**U.S.A.**

3. Mailing Address  
**10920 Baymeadows Rd.**  
 Suite, Apt. #, etc.  
**Suite 27**  
 City & State  
**Jacksonville, FL**  
 Zip  
**32256** Country  
**U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3530462** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HERMAN, CAROLYN**  
**4831 N. 3RD ST.**  
**JACKSONVILLE BCH FL 32250**

7. Name and Address of New Registered Agent

Name  
**Some**  
 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 \_\_\_\_\_ (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, 2002 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>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>RAYNOVIC, KATHLEEN M</b>       |                                 |
| STREET ADDRESS | <b>201 PHEASANT RUN</b>           |                                 |
| CITY-ST-ZIP    | <b>PONTE VEDRA BEACH FL 32082</b> |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>WEISS, MITCHEL</b>             |                                 |
| STREET ADDRESS | <b>936 HOLLY LANE</b>             |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32207</b>      |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| 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          |  | <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    |  |   |
| 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    |  |   |
| 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: **Kathleen M. Raynovic President** 3/21/02 904-538-0880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)