


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 007 ***158.75

DOCUMENT # P98000086553
1. Entity Name
TRACER MARKETING CORPORATION ✓



DO NOT WRITE IN THIS SPACE

90100494

2. Principal Place of Business
6020 RIVERSIDE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
6020 RIVERSIDE DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE BCH, FL

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MELBOURNE BCH, FL

4. FEI Number
65-0955080 Applied For
Not Applicable

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

Zip 32951 Country US Zip 32951 Country US

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMESTBELCHER

Street Address (P.O. Box Number is Not Acceptable)
6020 RIVERSIDE DRIVE

City MELBOURNE BEACH **FL** Zip Code 32951

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] JAMESTBELCHER DIRECTOR 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DIRECTOR BELCHER, JAMES T 6020 RIVERSIDE DRIVE MELBOURNE BEACH, FL 32951</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] JAMES T BELCHER, DIRECTOR, 4/17/03 321-837-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #