

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90397 010 ***150.00

DOCUMENT # P98000107623

1. Entity Name

MARTRAC INC.

Principal Place of Business

**13529 US HIGHWAY 1
 #139
 SEBASTIAN FL 32958**

Mailing Address

**13529 US HIGHWAY 1
 #139
 SEBASTIAN FL 32958**

2. Principal Place of Business

**13537 US HWY 1
 Suite, Apt. #, etc.
 #139**

3. Mailing Address

**13537 US HWY 1
 Suite, Apt. #, etc.
 #139**

City & State

SEBASTIAN FL

City & State

SEBASTIAN FL

4. FEI Number

65-0891834

Applied For

Not Applicable

Zip

Country

32958 USA

Zip

Country

FL 32958 USA

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

6. Name and Address of Current Registered Agent

**EVANS, MARTIN
 13529 US HIGHWAY 1
 #139
 SEBASTIAN FL 32958**

7. Name and Address of New Registered Agent

Name
EVANS, MARTIN
 Street Address (P.O. Box Number is Not Acceptable)
**13537 US HWY 1
 #139**
 City **SEBASTIAN** FL Zip Code **32958**

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, 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **EVANS, MARTIN**
 STREET ADDRESS **13529 US HIGHWAY 1, #139**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **S** ☐ Delete
 NAME **EDTERSLEY, TRACEY**
 STREET ADDRESS **13529 US HIGHWAY 1, #139**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

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
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **TRACEY ECKERSLEY**
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN D. EVANS

Date

Daytime Phone #

CR2E034 (10/00)