FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000030578*

1. Entity Name

Theft Tracker Inc

DO NOT WRITE IN THIS SPACE

70033368

2. Principal Place of Business

801 Harrison

Suite, Apt. #, etc.

3. Mailing Address *801 Harrison*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *Hollywood FL*

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Zip *33019* Country *USA*

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4. FEI Number *45-0987721*

	Applied For
	Not Applicable

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

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7. Name and Address of Current Registered Agent

Name *Linda Giordano*

Street Address (P.O. Box Number is Not Acceptable) *801 Harrison*

City *Hollywood* FL Zip Code *33019*

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 *Linda J Giordano*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE *4-10-03*

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	D	TITLE
NAME	LINDA GIORDANO	NAME
STREET ADDRESS	801 Harrison	STREET ADDRESS
CITY-ST-ZIP	Hollywood FL 33019	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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: *Linda J Giordano Linda Giordano*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/10/03* Daytime Phone # *9549270229*