


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

40075550


DOCUMENT # P99000032724

1. Entity Name  
CATHERINE LYELL TRACY, C.P.A., P.A.



04-21-2008 90092 001 \*\*\*150.00

40075550



Principal Place of Business  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231

Mailing Address  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
Zip  
Country

03132008    Chg-P    CR2E034 (12/06)

4. FEI Number  
65-0911421

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
TRACY, CATHERINE L C.P.A.  
2058 CONSTITUTION BLVD  
SARASOTA, FL 34231

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST TRACY, CATHERINE L C.P.A. 2433 FOSTER LANE SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catherine L. Tracy CPA    4-17-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #