

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082976

1. Entity Name
TRAKKER RECOVERY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90305 022 ***150.00

Principal Place of Business

Mailing Address

8926 EASTMAN DRIVE
TAMPA FL 33626

8926 EASTMAN DRIVE
TAMPA FL 33626-2900

2. Principal Place of Business

13605 N. FLORIDA Avenue

3. Mailing Address

P.O. BOX 274031

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FLORIDA

4. FEI Number

59-3602001

Applied For

Not Applicable

Zip

33613

Country

Hillsborough

Zip

33618

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROOK, KEVIN
8926 EASTMAN DRIVE
TAMPA FL 33626

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.

SIGNATURE *Kelly A. Crook*
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CROOK, KEVIN
STREET ADDRESS 8926 EASTMAN DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME CROOK, KELLY A
STREET ADDRESS 8926 EASTMAN DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (9/99)