

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000093498

Entity Name: TRACE AMERICA, INC.

FILED
Jul 02, 2003
Secretary of State

Current Principal Place of Business:

27299 RIVERVIEW CENTER
SUITE 103
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

27299 RIVERVIEW CENTER
SUITE 103
BONITA SPRINGS, FL 34134

New Mailing Address:

2200 KINGFISH ROAD
NAPLES, FL 34102

FEI Number: 59-3604518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVERY, WILLIAM
272 RIVERVIEW CTR.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AVERY, WILLIAM
Address: 27299 RIVERVIEW CENTER SUITE 103
City-St-Zip: BONITA BEACH, FL 34134

Title: D () Delete
Name: AVERY, KATHLEEN
Address: 27299 RIVERVIEW CENTER SUITE 103
City-St-Zip: BONITA BEACH, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F. AVERY

PRES

07/02/2003

Electronic Signature of Signing Officer or Director

Date