2001 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # P99000107350** 1. Entity Name VTRACKS.COM, INC. 05-03-2001 90936 026 ***150.00 Principal Place of Business Mailing Address 408 55TH ST. NW 408 55TH ST. NW **BRADENTON FL 34209 BRADENTON FL 34209** J40013 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0967461 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent سان میں راجی جانہیں کا ایک محسوب کا ایک میں اور ان CHAMPLAIN, JOHN M JR. Street Address (P.O. Box Number is Not Acceptable) 408 55TH ST. NW **BRADENTON FL 34209** 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition ☐ Change ☐ Delete TITLE CHAMPLAIN, JOHN M JR. NAME STREET ADDRESS 408- 55TH ST NW STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34209 Change Addition Detete TITLE PETERSON, DEENA L NAME STREET ADDRESS 2300 -49TH AVE W CITY-ST-ZIP **BRADENTON FL 34207** ☐ Change Addition TITLE NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

(941)758-4715

Daytime Phone #