

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107427

1. Entity Name

TRACKSTONE CORPORATION

FILED

Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90032 024 ***150.00

Principal Place of Business

Mailing Address

~~9245 RAMBLEWOOD DR. STE 1217~~
~~CORAL SPRINGS FL 33071~~

9393 W SAMPLE RD
SUITE 204

4865 NW 112th Drive
Coral Springs, FL 33076

CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

4865 NW 112 Drive

4865 NW 112 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

Coral Springs, FL

Zip

Country

Zip

Country

33076

33076

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACZ, EDWARD A

~~9245 RAMBLEWOOD DR. STE 1217~~
~~CORAL SPRINGS FL 33071~~

4865 NW 112th Dr
Coral Springs, FL
33076

Name

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

4865 NW 112 DRIVE

City

Coral Springs

FL

Zip Code

33076

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.

(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P TRACZ, EDWARD A 9245 RAMBLEWOOD DR #1217 4865 NW 112 Dr CORAL SPRINGS FL 33071 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4865 NW 112 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

EDWARD A. TRACZ 4/23/01 (954)340-5518

Date

Daytime Phone #

CR2E034 (10/00)