

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90048 002 ***150.00

DOCUMENT # P99000108166

1. Entity Name

TRACEY'S EXECUTIVE HOME SERVICES, INC.

Principal Place of Business

Mailing Address

190 LONDON DR.
FL 34746

P.O. BOX 2415
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

8460 TANSY DR.
Suite, Apt. #, etc.

P.O. Box 2415
Suite, Apt. #, etc.

City & State
ORLANDO, FL.

City & State
WINDERMERE, FL.

Zip
32819

Country
USA

Zip
32819

Country
USA

4. FEI Number
59-3622904

Applied For
Not Applicable

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

BOGNER, TRACEY
190 LONDON DR.
KISSIMMEE FL 34746

Name TRACEY BOGNER
Street Address (P.O. Box Number is Not Acceptable)
8460 TANSY DR.
ORLANDO, FL.
City ORLANDO, FL. FL Zip Code 32819

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 Tracey Bogner TRACEY S. BOGNER - PRESIDENT
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 NAME STREET ADDRESS CITY-ST-ZIP	D BOGNER, TRACEY 190 LONDON DR. KISSIMMEE FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGNER, TRACEY 8460 TANSY DR. ORLANDO, FLORIDA 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: Tracey Bogner TRACEY S. BOGNER - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/19/00 (401) 370-4697

CR2E034 (9/99)