

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90004 006 ***550.00

0082666 AV

DOCUMENT # P00000109809

1. Entity Name
FRAUD FINDERS, INCORPORATED

Principal Place of Business 1489 PALMETTO PARK RD. STE 400 BOCA RATON FL 33486	Mailing Address 1489 PALMETTO PARK RD. STE 400 BOCA RATON FL 33486
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2. Principal Place of Business 1601 Forum Place Suite, Apt. #, etc. 203	3. Mailing Address 1601 Forum Place Suite, Apt. #, etc. 203
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City & State W Palm Beach, FL	City & State W Palm Beach, FL	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country USA	Zip 33401	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
WALEN, LINA J CPA
1489 PALMETTO PARK RD, STE 400
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name Linda J. Walden, CPA
Street Address (P.O. Box Number is Not Acceptable) Walden + Norcio, CPAs, PA
1489 W. Palmetto Park Rd - Ste 400
City Boca Raton
State 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 *Linda J. Walden CPA* DATE 7/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 WALEN, LINDA J 1489 PALMETTO PARK RD, STE 400 BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Onorato 1601 Forum Place W Palm Beach, FL 33401
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
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: *SIGNATURE REQUIRED* DATE 7/19/01 DAYTIME PHONE # 561-395-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (5/01)