| . 2001 UNIFORM BUSINESS REPORT (UBR)  |  |  |       |                      |               |  |                 |                           |  |
|---|--|--|-------|----------------------|---------------|--|-----------------|---------------------------|--|
| DOCUMENT# P9500034280000<br>1. Entity Name<br>Find it First Locating Service, Inc.  |  |  |       |                      |               | FILED<br>OI APR 20 au co                                     |                 |                           |  |
| Principal Place of Business Mailing Address   |  |  |       |                      |               | 01 APR 20 AM 10: 09  |                 |                           |  |
| 101 Ancrican Center PL.<br>#204   |  |  |       |                      |               | SEGRETIALLY OF STATE TABLEAHASSEE, FLORIDA                   |                 |                           |  |
| T977P9, FL. 33619   |  |  |       |                      |               |  |                 |                           |  |
|   | #, etc.  | 3. Mailing Address 101 Ancrican Benter PL. Suite, Apt. #, etc. # 204                                       |       |                      | 2.            | DO NOT WRITE IN THIS SPACE                                   |                 |                           |  |
| City & Stat   | te   | City & State   |       |                      |               | 4. FEI Number Applied For                                    |                 |                           |  |
| Tanpa, Florida Zip Country  |  | Tanpa, Florida Zip Count   |       |                      | T             | - \$8.75 Additional  |                 | ot Applicable             |  |
| 3361  | 9. USA   | 33619  |       | Š A                  |               | Certificate of Status Desired F                              | ee Required     |                           |  |
| 6. Name and Address of Current Registered Agent   |  |  |       |                      |               | 7. Name and Address of New Registered Agent                  |                 |                           |  |
| Kichard Young   |  |  |       |                      | traco (Dio. I | (P.O. Box Number is Not Acceptable)                          |                 |                           |  |
| 3134 33, d Ave N. Street Address ( Street Address)  |  |  |       |                      |               | T.O.A.D. Number is Not Acceptable)                           |                 |                           |  |
| 337/3   |  |  |       |                      |               |  |                 |                           |  |
|   |  |  |       | City                 | City 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 Fiorida.   |  |  |       |                      |               |  |                 |                           |  |
| SIGNATURE Rectand found Prince of the Registered Agent signature required when reinstating)  March 22, 2001  DATE  DATE   |  |  |       |                      |               |  |                 | 01                        |  |
| Tax filing r  | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta |       |                      | 0.00          | 10. Election Campaign Financing Trust Fund Contribution.     |                 | May Be to Fees            |  |
| 11.   | OFFICERS AND DI  |  | 12.   |                      | A             | DDITIONS/CHANGES TO OFFICERS AND D                           |                 |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | _  |  |       |                      |               | Change Addition   State                                      |                 |                           |  |
| TITLE   | ,  | ☐ Delete   | TITLE |                      |               |  | ☐ Change        | 150_00 \\                 |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STAL<br>CITY   |  | CITY- | ET AODRESS<br>ST-ZIP | ,             | 4000041377546<br>-05/07/0101013006<br>****150.00.0****150466 |                 |                           |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |  | Delete ———   | ľ     |                      |               | <b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>                  | =] -centuger-1  | ( - <u>111</u> 1200110011 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   |       | i                    |               | ]  | Change          | Addition                  |  |
| TITLE<br>NAME   | Delete TITLE   |  |       |                      |               | [  | Change          | Addition                  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |  |       | ST-ZIP               |               |  |                 |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete   |       | T ADDRESS<br>ST-ZIP  |               | [  | Change <b>S</b> | 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: March 22, 200/ \$13-626-7878  SIGNATURE AND TYPED OR PRINTIPE NAME OF FIGURES OF DIRECTOR  Date District Phone #   |  |  |       |                      |               |  |                 |                           |  |