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Jan 31, 2002 8:00 am Secretary of State 01-31-2002 90012 037 ***150.00

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2002 UNIF	ORM BU	ISINESS	REPORT	(UBR

DOCUMENT # P95000034286

1. Entity Name

FIND IT FIRST LOCATING SERVICE, INC.

1 morpari ido	e of Business	·	Mailing Address					
101 AMERICAI	n center Pl	#204	101 AMERICAN CENTER F	PL #204				
TAMPA FL 331	619		TAMPA FL 33619					
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								ERS (4)(ER 7(S) (ER)
Principal Place of Business 3. Mailing Address					HOB 11411 #1010 111			
5315	5315 Sayre Lane 5315 Sayre Suite, Apt. #, etc. Suite, Apt. #, etc.		re Lane			,		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN TH	IIS SPACE			
City 9 State			City 9 State	<u></u>		ETI N b a s		Applied For
City & State	irhills	Florida Country US	City & State 2 < physhills Zip	Florida	4.	59-3315239		Applied For Not Applicable
3354			33540	Country US		Certificate of Status Desired	\$8.75 A	
	6. Name	and Address of Curren	t Registered Agent		7. N	Name and Address of New Register	ed Agent	
			مينساه استشهار وينيا البياد ميايات	Name			~ <u>~</u> _	
YOUNG, F				Street A	ddress (P.O. E	Box Number is Not Acceptable)		
3134 33RD AVENUE N.			<u> </u>		<u> </u>			
ST. PETER	rsburg fl	. 33713						:
				City			Zip C	ode
							L	
8. The above	named entity	y submits this statement f	or the purpose of changing its	registered office or	registered ag	gent, or both, in the State of Florida.		
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SIGNATURE .		ard loung	N icha	d speng	(einstating) DA	-02	
	Signature, typed	or printed name of registered agen		: Registered Agent signatu		einstating) DA	L	
9. This corpo	oration is eligi	ible to satisfy its Intangibl		!! FEE IS \$150.0		10. Election Campaign Financing	¢ 6	.00 May Be
The Charles								י ארועאוען עוט ו
_		and elects to do so.	After May 1, 200			Trust Fund Contribution,		ded to Fees
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_	ria on back)	_	Make Check Payab	le to Department	of State	Trust Fund Contribution,	Add	DRS IN 11
(See criter	ria on back)	OFFICERS AND	Make Check Payab	le to Department	of State	Trust Fund Contribution,	☐ Add	DRS IN 11
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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.