~2002	2_UNÍ	FORM BUSI	NESS REPO	RT	(UBF	R)			
DOCUMENT # 326892 1. Entity Name LANDFINDER CORP.									
							FILED		
Principal Place of Business Mailing Address							02 MAY -8 PM 1: 34		
STAR RT. 2 BOX 54 BRISTOL FL 32321			STAR RT. 2 BOX 54 BRISTOL FL 32321				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal P	lace of Busir	eess	3. Mailing Address						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4.	EO-100004E	olied For Applicable	
Zip	Zip Country		Zip	Count		5.	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current R	egistered Agent		Name	7.	Name and Address of New Registered Agent		
HATCHER, JIMMY HI-WAY 270 NORTH SWEETWATER COMM. STAR RT. 2 BOX 54					Street Address (P.O. Box Number is Not Acceptable)				
BRISTOL FL 32321					City	FL Zip Code			
8. The above	named entit	y submits this statement for	the purpose of changing its	s register	ed office or	registered a	gent, or both, in the State of Florida.		
OIGIVATORIE.	Signature, typed	or printed name of registered agent ar	d title if applicable. (NO	TE: Registere	d Agent signatu	re 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!!! FI After May 1, 2002 F Make Check Payable to					will be \$5	50.00 t of State	Trust Fund Contribution. Added	May Be to Fees	
11.	I _	OFFICERS AND D	IRECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME				TITLE NAME STREET ADDRESS				Addition	
STREET ADDRESS CITY-ST-ZIP	BRISTOL FL 32321				CITY-ST-ZIP		700005554547- -05/16/020103200 *****150.00 *******\$5	4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ HATCHER, DENISE STAR RT BOX 54 BRISTOL FL 32321						ಹಹಹ್≇1೨∪.೮∪ ಕೃತ್ವಾಹಿಣ್ಣು⊗∪	4. U Audition	
TITLE	ST		☐ Delete	TITL	E		☐ Change	Addition	
NAME Street Address City-St-Zip		, VIVIAN S 2 BOX 54 FL 32321			ET ADDRESS -ST-ZIP				
TITLE NAME	3.113102		☐ Delete	TITL			☐ Change	Addition	
STREET ADDRESS City-St-Zip		•		STR	ET ADDRESS - ST-ZIP				
TITLE NAME			☐ Delete	TITL NAM			☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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 legial effect as if made under oath; that I am an officer or director of the corporation of the receiver or intstee 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 appear with an addless. First all other like empowered.

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED ORPRINTED NAME OF SIG

HA CHE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

pril 30, 2002 (850)643-265

Change

☐ Addition