

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000563

1. Entity Name

FINDER SERVICES INCORPORATED

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90118 050 \*\*\*150.00

Principal Place of Business

Mailing Address

MARIANNE TROMP  
421 BUTTONWOOD PLACE  
BOCA RATON FL 33431  
US

11 DEWBERRY LANE  
HILTON HEAD ISLAND SC 29928-4215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-0783932

Applied For

Not Applicable

Zip

Country

Zip

Country

29926

USA

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

TROMP, MARIANNE

No. ~~999 OREGON LANE~~ ~~421 BUTTONWOOD PLACE~~  
BOCA RATON FL 33431

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

421 Buttonwood PLACE

City

Same

FL

Zip Code

Same

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

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 PSTD  
NAME KADESCH, RICHARD G  
STREET ADDRESS 11 DEWBERRY LANE  
CITY-ST-ZIP HILTON HEAD ISLAND SC

☐ Delete

TITLE  
NAME  
STREET ADDRESS 96 Mathews DRIVE #1  
CITY-ST-ZIP HILTON HEAD ISLAND SC 29926

☒ Change ☐ Addition

TITLE VD  
NAME KADESCH, ELOISE I  
STREET ADDRESS 11 DEWBERRY LANE  
CITY-ST-ZIP HILTON HEAD ISLAND SC

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Richard G. Kadesch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 26, 2000

Date

(843) 342-5764

Daytime Phone #

CR2E034 (9/99)