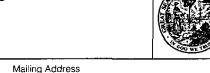
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L43459 DOCUMENT

1. Entity Name SEARCH INC.

Principal Place of Business

10014 N. DALE MABRY, SUITE 101



10014 N. DALE MABRY. SUITE 101

FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90139 050 ***158.75

TAMPA FL 33618			TAMPA FL 33618							
2. Principal Place of Business .			3. Mailing Address				.1818 8 19 18 1818 1	81811 01611 0		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-2990957 Applied For Not Applicable				
Zip		Country	Zip	Country	2	5. Certificate of Status Desired		8.75 Add	ditional	
	6. Name	and Address of Current F	legistered Agent			7. Name and Address of New	Registered Ag	jent		
SMITH, KATHRYN					Name					
-	E JOYCE DI	R.	Street Address			(P.O. Box Number is Not Acceptable)				
LAND O' LAKES FL 34639										
			City			FL	Zip Cod	е		
	named entity ions of registe		the purpose of changing its	registered office o	r registered	agent, or both, in the State of Fl	lorida. I am far	niliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State	-		9. Election Campaign Fi Trust Fund Contribution			May Be	
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTORS	3 IN 11	
NAME STREET ADDRESS		JOYCE DR.	🔀 Delete	TITLE NAME STREET ADDRESS	ST SM 177 39 26	H, DAVID LAKE JOYCE DA.		C hange	Addition	
CITY-ST-ZIP		AKES FL 34639		CITY-ST-ZIP	LAND	c' LAKES, FL 3463				
TITLE	P -	MD .	☐ Delete	TITLE			L	Change	☐ Addition	
NAME STREET ADDRESS	SMITH, DA	JOYCE DR.		NAME STREET ADDRESS					. }	
CITY-ST-ZIP		AKES FL 34639		CITY-ST-ZIP		•				
TITLE			☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				NAME				_ •	_	
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CITY-ST-ZIP				CITY-ST-ZIP	ļ					
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NAME STREET ADDRESS				NAME STREET ADDRESS					·)	
CITY-ST-ZIP				CITY-ST-ZIP						
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TITLE		*****	☐ Delete	TITLE			[Change	Addition	
NAME				NAME					ļ	
STREET ADDRESS				STREET ADDRESS	1					
CITY-ST-ZIP	L			CITY-ST-ZIP						
indicated of the cor	on this report poration or th	t or supplemental report is t e receiver or trustee empov	rue and accurate and that m	ıy signature shall h	ave the san	on 119.07(3)(i), Florida Statutes. ne legal effect as if made under lorida Statutes; and that my nam	oath; that I am	an officer	or director	

SIGNATURE:

813-996-1056

CR2E034 (10/02)