

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90373 034 \*\*\*\*50.00

**DOCUMENT # L98000000637**

1. Entity Name

**SINGLE SEARCH GLOBAL, A LIMITED COMPANY**

Principal Place of Business

**13176 N. DALE MABRY  
 SUITE 305  
 TAMPA FL 33618**

Mailing Address

**13176 N. DALE MABRY  
 SUITE 305  
 TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3509906**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENTSEN, LISA D  
 13176 NORTH DALE MABRY, SUITE 305  
 TAMPA FL 33618**

Name

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

City

**FL**

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 Florida.

SIGNATURE *Lisa D. Bentsen*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 BENTSEN, LISA D  
 13014 NORTH DALE MABRY, SUITE 151  
 TAMPA FL 33618** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 BENTSEN, LISA D  
 13176 N. DALE MABRY, SUITE 305  
 TAMPA, FL 33618** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P  
 BENTSEN, ROBERT  
 13176 NORTH DALE MABRY, SUITE 305  
 TAMPA FL 33618** ☐ Delete

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Lisa D. Bentsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**04/23/02**

**813-264-1705**

CR2E083 (9/01)