FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Aug 18, 2002 8:00 am § Secretary of State P00000018772 DOCUMENT # SEARCH FIRST INFORMATION SERVICES, INC. 08-18-2002 90129 027 ***550.00 Principal Place of Business Mailing Address 7241 BRYAN DAIRY ROAD 7241 BRYAN DAIRY ROAD 974886 **LARGO FL 33777 LARGO FL 33777** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DHITAKER ENGLANDER. LEONARD S O. Box Number is Not Acceptable 721 1ST AVENUE NORTH ST. PETERSBURG FL 33701 City 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (5/01 WHITTAKER, BRIAN K NAME 7241 BRYAN DAIRY ROAD STREET ADDRESS STREET ADDRESS **LARGO FL 33777** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change PATTEN, CHARLES R NAME NAME 7241 BRYAN DAIRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 eath; that I am an officer or director of the corporation or the reporter 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 affaichment withrea address, with all other like, empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURI