

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90316 019 \*\*\*150.00

**DOCUMENT # P00000074685**

1. Entity Name

**FINDER RESOURCES, INCORPORATED**

Principal Place of Business

**288 ST. GEORGE STREET  
 ST. AUGUSTINE FL 32084**

Mailing Address

**288 ST. GEORGE STREET  
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

**150 KENT Rd, Suite, Apt. #, etc.**

**ST. AUGUSTINE, FL 32084**

3. Mailing Address

**150 KENT Rd, Suite, Apt. #, etc.**

**ST. AUGUSTINE, FL 32084**



DO NOT WRITE IN THIS SPACE

City & State

**ST. AUGUSTINE, FL**

City & State

**ST. AUGUSTINE, FL**

4. FEI Number

**59-3666437**

Applied For

Not Applicable

Zip

**32084**

Country

**ST. JOHN'S**

Zip

**32084**

Country

**ST. JOHN'S**

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STODDARD, PHILIP J  
 288 ST. GEORGE STREET  
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

**STODDARD, Philip J.**

**920 PALERMO Rd.**

City

**ST. AUGUSTINE FL**

Zip Code

**32084**

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

*Philip J. Stoddard*

**PHILIP J. STODDARD**

**3/1/01**

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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	STODDARD, PHILIP J	
STREET ADDRESS	288 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	STODDARD, PATRICIA A	
STREET ADDRESS	288 ST. GEORGE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODDARD, PHILIP J.	
STREET ADDRESS	920 PALERMO Rd.	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

*Philip J. Stoddard* **PHILIP J. STODDARD, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)