

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

0003754

DOCUMENT # P00000074685

1. Entity Name  
**FINDER RESOURCES, INCORPORATED**

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

Principal Place of Business      Mailing Address  
**288 ST. GEORGE STREET**      **288 ST. GEORGE STREET**  
**ST. AUGUSTINE FL 32084**      **ST. AUGUSTINE FL 32084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**150 KENT Rd**      **150 KENT Rd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
~~ST AUGUSTINE 2-A~~      ~~ST AUGUSTINE 2-A~~

City & State      City & State      4. FEI Number      Applied For  
**ST. AUGUSTINE, FL**      **ST. AUGUSTINE, FL**      **59-3666437**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**32086**      **St Johns**      **32086**      **St. Johns**            \$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  
 Name **STODDARD, Philip J**  
 Street Address (P.O. Box Number is Not Acceptable) **920 PALERMO Rd.**  
 City **ST. AUGUSTINE FL**      Zip Code **32086**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PTD</b>	TITLE	<b>P</b>
NAME	<b>STODDARD, PHILIP J</b>	NAME	<b>STODDARD, PHILIP J.</b>
STREET ADDRESS	<b>288 ST. GEORGE STREET</b>	STREET ADDRESS	<b>920 PALERMO Rd.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32086</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VSD</b>	TITLE	
NAME	<b>STODDARD, PATRICIA A</b>	NAME	
STREET ADDRESS	<b>288 ST. GEORGE STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Philip J. Stoddard*      **PHILIP J. STODDARD, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/0/00)