

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90053 025 \*\*\*150.00

**DOCUMENT # P00000075628**

1. Entity Name  
**LIEN SEARCH EXPRESS, INC.**

Principal Place of Business <b>1 EAST BROWARD BLVD.          SUITE 905          FORT LAUDERDALE FL 33301</b>	Mailing Address <b>1 EAST BROWARD BLVD.          SUITE 905          FORT LAUDERDALE FL 33301</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3696 N Federal Highway          Suite 300</b>	3. Mailing Address <b>3696 N Federal Highway          Suite 300</b>
--	--

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>	4. FEI Number <b>65-1030496</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33308</b>	Country <b>USA</b>	Zip <b>33308</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>STOLL, STEVEN M          1 EAST BROWARD BLVD.          SUITE 905          FORT LAUDERDALE FL 33301</b>	7. Name and Address of New Registered Agent Name <b>Steven M. Stoll</b> Street Address (P.O. Box Number is Not Acceptable) <b>3696 N Federal Highway          Suite 300</b> City <b>Fort Lauderdale FL</b> Zip Code <b>33308</b>
--	--

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 **President & RA, Steven M. Stoll** DATE **2/6/01**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature, required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>STOLL, STEVEN M 1 EAST BROWARD BLVD. SUITE 905 FORT LAUDERDALE FL 33301</b>	TITLE <b>D, P, S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steven M. Stoll 3696 N Federal Highway, Suite 301 Fort Lauderdale, FL 33308</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>STOLL, REBECCA 1 EAST BROWARD BLVD. SUITE 905 FORT LAUDERDALE FL 33301</b>	TITLE <b>D, T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rebecca Stoll 3696 N Federal Highway, Suite 301 Fort Lauderdale, FL 33308</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>EVANS, JAMIE 1 EAST BROWARD BLVD. SUITE 905 FORT LAUDERDALE FL 33301</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 enclosures.

SIGNATURE: **Steven M. Stoll** DATE **2/6/01** (954) 745-3550  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (10/00)