

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90427 037 ***150.00

DOCUMENT # P00000076484

1. Entity Name

Search I.T., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10222 Merrimac Manor Dr.
Suite, Apt. #, etc.

3. Mailing Address

10222 Merrimac Manor Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Riverview FL

City & State
Riverview FL

4. FEI Number
59-3673108

Applied For
Not Applicable

Zip
33569 Country
USA

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33569 Country
USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jill MIGLIARESE
Street Address (P.O. Box Number is Not Acceptable)
10222 Merrimac Manor Drive

City Riverview FL Zip Code 33569

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 D
NAME JILL MIGLIARESE
STREET ADDRESS 10222 MERRIMAC MANOR DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

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**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jill A. Migliarese Jill A. Migliarese 4/9/02 813-288-0057414

CR2E034B (12/01)