

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0490727 AV

DOCUMENT # P00000096921

1. Entity Name  
LANDFINDERS SERVICES, INC.



FILED

03 JUN 23 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
2925 47TH AVENUE SOUTH  
SAINT PETERSBURG FL 33712

Mailing Address  
POST OFFICE BOX 17104  
CLEARWATER FL 33762

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3675952

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME EDWARDS, COREY M  
STREET ADDRESS 2925 47TH AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000021084540  
06/23/03--01100--003 \*\*550.00

TITLE VD  
NAME SMITH, TERRICK A  
STREET ADDRESS 2925 47TH AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME HAYES, SHIRLEY S  
STREET ADDRESS 2925 47TH AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33712

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley S Hayes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/03 727 906 4989  
Date Daytime Phone #

CR2E034 (10/02)