2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 02, 2003
Secretary of State

DOCUMENT# P02000103273

Entity Name: CARFINDERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6299 W SUNRISE BLVD STE 211-E
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6299 W SUNRISE BLVD STE 211-E
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 42-1553553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIPKIN, SHELDON
2020 NE 163 STREET THIRD FL
SUNRISE, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WRIGHT, HOLLY
Address: 6299 W SUNRISE BLVD STE 211-E
City-St-Zip: SUNRISE, FL 33313

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: HOLOP, SHERRY
Address: 6299 W SUNRISE BLVD STE 211-E
City-St-Zip: SUNRISE, FL 33313

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A ( ) Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY HOLOP VP 01/02/2003

Electronic Signature of Signing Officer or Director — Date