

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047834

1. Entity Name
SOURCE FINDERS, INC.Principal Place of Business
418 RIVER EDGE ROAD
JUPITER FL 33477Mailing Address
418 RIVER EDGE ROAD
JUPITER FL 334772. Principal Place of Business
14041 US Hwy 13. Mailing Address
14041 US Hwy 1Suite, Apt. #, etc.
Suite CCity & State
Juno Beach, FLCity & State
Juno Beach, FL

Zip 33408

Country USA

Zip 33408

Country USA

4. FEI Number
65-0679201Applied For
Not Applicable5. 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

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.

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) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PTD
NAME SCHWAAB, JANET C
STREET ADDRESS 418 RIVER EDGE ROAD
CITY-ST-ZIP JUPITER FL 33477 DeleteTITLE VSD
NAME BARFIELD, DEBORAH A
STREET ADDRESS 418 RIVER EDGE ROAD
CITY-ST-ZIP JUPITER FL 33477 DeleteTITLE CFO
NAME LOWERY, WILLETT E
STREET ADDRESS 418 RIVER EDGE ROAD
CITY-ST-ZIP JUPITER FL 33477 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

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: *Willette Lowery - CFO* 3-27-02 561-626-1576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0369530
AV

CR2E034 (9/01)