

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007213

1. Entity Name

SEARCH ALLIANCE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90225 044 ***150.00

Principal Place of Business

301-1/2 CENTRE STREET
 FERNANDINA BEACH FL 32034
 US

Mailing Address

301-1/2 CENTRE STREET
 FERNANDINA BEACH FL 32034-4218
 US

2. Principal Place of Business

31 South 4th Street

Suite, Apt. #, etc.

3. Mailing Address

31 South 4th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach FL

City & State

Fernandina Beach FL

Zip

32034

Country

Nassau

Zip

32034

Country

Nassau

4. FEI Number

59-3422276

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

WOOD, MARSHALL E ESQ.
 303 CENTRE STREET
 SUITE 100
 FERNANDINA BEACH FL 32034

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, 2000 Fee will be \$550.00
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 ~~CEO~~ CEO, Chairman ☐ Delete
 NAME BYRNES, THOMAS A
 STREET ADDRESS 28 SALT MARSH DRIVE
 CITY-ST-ZIP AMELIA ISLAND FL 32034

TITLE ~~Director~~ Director ☐ Delete
 NAME Mary C. Byrnes
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO & Chairman ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME Mary C. Byrnes
 STREET ADDRESS 28 Salt Marsh Drive
 CITY-ST-ZIP Amelia Island, FL 32034

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas A. Byrnes 4/27/00 904-277-2535