

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000028910**

1. Entity Name
TECHFINDERS RCS, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90091 034 ***550.00

Principal Place of Business 1900 HOWELL BRANCH RD WINTER PARK FL 32792	Mailing Address 1900 HOWELL BRANCH RD WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

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 59-3438372	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent ZIRBEL, LAWRENCE D 1900 HOWELL BRANCH RD WINTER PARK FL 32792		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 *Lawrence D Zirbel* (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	ZIRBEL, LAWRENCE D	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1900 HOWELL BRANCH RD	NAME	
STREET ADDRESS	WINTER PARK FL 32792	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	ZIRBEL, LAURA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1900 HOWELL BRANCH RD	NAME	
STREET ADDRESS	WINTER PARK FL 32792	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *X* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)