

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

4. FEI Number 59-3438372	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

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)

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	ZIRBEL, LAWRENCE D 1900 HOWELL BRANCH RD WINTER PARK FL 32792
TITLE D <input type="checkbox"/> Delete	ZIRBEL, LAURA 1900 HOWELL BRANCH RD WINTER PARK FL 32792
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)