FILED

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am DOCUMENT # P97000028910 **Secretary of State** 1. Entity Name 01-21-2002 90012 007 ***150.00 TECHFINDERS RCS, INC. Principal Place of Business Mailing Address 1900 HOWELL BRANCH RD 1900 HOWELL BRANCH RD WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3438372 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZIRBEL. LAWRENCE D Street Address (P.O. Box Number is Not Acceptable) 1900 HOWELL BRANCH RD WINTER PARK FL 32792 Zip Code 8. The above named entity submits this statement for the purpose of openance is 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change NAME ZIRBEL, LAWRENCE D STREET ADDRESS STREET ADDRESS 1900 HOWELL BRANCH RD CITY-ST-ZIP CITY-\$T-ZIP WINTER PARK FL 32792 TITLE Delete Change ☐ Addition NAME NAME zirbel, laura STREET ADDRESS 1900 HOWELL BRANCH RD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 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

SIGNATURE:

changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE