

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90074 050 ***150.00

DOCUMENT # P97000061243

1. Entity Name

SITE SEARCH, INC.

Principal Place of Business

Mailing Address

**37824 AMELIA AVE.
 DADE CITY FL 33525**

**37824 AMELIA AVE.
 DADE CITY FL 33707-2242**

2. Principal Place of Business

6677 EMERSON AVE. S.

3. Mailing Address

6677 EMERSON AVE. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3470516

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

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

**MISEYKO, RICHARD
 37824 AMELIA AVE.
 DADE CITY FL 33525**

Name

MISEYKO, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

6677 EMERSON AVE. S.

City

ST. PETERSBURG

FL

Zip Code

33707

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

RICHARD MISEYKO, PRESIDENT

3/13/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MISEYKO, RICHARD E**
 STREET ADDRESS **37824 AMELIA AVE.**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **P** ☒ Change ☐ Addition
 NAME **MISEYKO, RICHARD E**
 STREET ADDRESS **6677 EMERSON AVE. S.**
 CITY-ST-ZIP **DADE ST. PETERSBURG, FL 33707**

TITLE **VP** ☐ Delete
 NAME **SCHNEIDER, DIANA**
 STREET ADDRESS **37824 AMELIA AVE.**
 CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **VP** ☒ Change ☐ Addition
 NAME **SCHNEIDER, DIANA**
 STREET ADDRESS **6677 EMERSON AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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

RICHARD MISEYKO

Date

3/13/00

Daytime Phone #

727-341-0702