Office mond-received form late! 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # P97000061243 1. Entity Name 05-29-2002 90691 041 ***150.00 SITE SEARCH, INC. Principal Place of Business Mailing Address 6677 EMERSON AVE S 6677 EMERSON AVE S SAINT PETERSBURG FL 33707 SAINT PETERSBURG FL 33707 2. Principal Place of Business 3. Mailing_Address N AOE. N. 22 ND ZZND Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For ST. PETERNBURG, FC PETE ASBUAG 59-3470516 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD MISEYKO MISEYKO, RICHARD 6677 EMERSON AVE S SAINT PETERSBURG FL 33707 City PETERSBUPH 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MISEYKO, RICHARDE 545 22 ND AUE N TITLE TITLE Delete Change (Addition NAME MISEYKO, RICHARD E NAME STREET ADDRESS 6677 EMERSON AVE S STREET ADDRESS ST. PETERS BURG FC 33704 CITY-ST-ZIP SAINT PETERSBURG FL 33707 CITY-ST-ZIP ☐ Delete TITLE VΡ TITLE SCHNEIDER, DIANA SUS 22ND AUG.N. SAINT PETERSBURF, FL NAME SCHNEIDER, DIANA NAME STREET ADDRESS 6677 EMERSON AVE S STREET ADDRESS CITY-ST-7iP SAINT PETERSBURG FL 33707 CITY-ST-ZIP - · 🗔 · Delete = 🖘 -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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 spot 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 trastee exponented to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachment with SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO