FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000068015

SEARCH TECHNOLOGY CORPORATION



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90218 006 ***158.75

in the state of	DO NOT WRITE	IN THIS S	SPAC						
2. Principal Place of Business 18/40 MONTOUR Drive 3. Mailing Address 3 4/9 LIU Suite, Apt. #, etc. Suite, Apt. #, etc.			ing stun	ngstun Drive		DO NOT WRITE IN THIS SPACE			
City & Stat	City & State Hudson FL City & State Seffenson			M D 4.		FEI Number 59-3462300		Applied For Not Applicable	
Zip 346	Country Zip		Countr	Country		Certificate of Status Desired \$8.75 Additional Fee Required			
ener year	A Marie Carlo	and the substitute of the			7. Name and A	ddress of Current Re	gistered A	gent	
DO NOT WRITE				Name Scott Broder or Street Address (P.O. Box Number is Not Acceptable)					
	IN IFIO OF	AUE							
all well at the second			Street Administration of the control	City Huds	~		FL	Zip Code	
	e named entity submits this statement for	to plantered the tight three partitions, constrain						3466/	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required via January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						DATE DATE DETERMINISTRY DETERMINISTRY DETERMINISTRY DATE DATE			
10.	OFFICERS AND I	disartism disariff.	Analysis and	Transferration at the filter of		· 100 (中国学)、英国学习发展、2014年1250	mitting	white the same was to be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCOTT Bridey JR 18140 MONTHER Drive Irledson FL 34667		TITLE NAME STREET CITY-S	ADDRESS T- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS	Do	NOT W	/RIT		
TITLE NAME STREET ADDRESS	-	7. Mars 1. The Committee of Mars 1.	TITLE NAME STREET	ADDRESS		THIS SI	PAC		

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empower Scott BRODEY

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

Daytime Phone #

CR2E034B (12/02)