2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91190 039 ***150.00

DOCUMENT # - P97000075925

1. Entity Name

STORESEARCH, INC.

L00070312

Principal Place of Business	Mailing Address
141-5th St. NW Suite 300 Winter Haven, FL 33881	141 5th St. NW Suite 300 Winter Haven, FL 33881

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 1527	PO Box 1527
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter Haven, FL
Zip: 33882 Country: USA	Zip: 33882 Country: USA

4. FEI Number 593468009 ☐ Applied For ☐ Not Applicable

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
Wilson, Kerry M. 141-5th St. NW Suite 300 Winter Haven, FL 33881	Name: William H Sands Street Address (P.O. Box Number is Not Acceptable): 200 Ave B NW City: Winter Haven, FL Zip Code: 33881

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] William H. Sands 5/1/01
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ D Kerry M. Wilson 141-5th St. NW Suite 300 Winter Haven, FL 33881 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ P William H Sands 505 Ave A NW Suite 305 Winter Haven, FL 33881 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ PD William H Sands 200 Ave B NW Suite 305 Winter Haven, FL 33881 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] William H. Sands, Director President 5/1/01 863-287-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #