

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078904

1. Entity Name

FINDIT.COM, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90105 004 ***150.00

Principal Place of Business

Mailing Address

7203 SPUR COURT
 SARASOTA FL 34243

7203 SPUR COURT
 SARASOTA FL 34243-5332

2. Principal Place of Business

3. Mailing Address

8910 N. DALE MABRY HWY
 Suite, Apt. #, etc.
 SUITE 16

8910 N. DALE MABRY HWY
 Suite, Apt. #, etc.
 SUITE 16



DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

65-0870731

Applied For

Not Applicable

Zip

33614

Country

Zip

33614

Country

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

SABA, RICHARD D ESQUIRE
 2033 MAIN STREET, SUITE 303
 SARASOTA FL 34237

Name

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

City

FL

Zip Code

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
 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 ☒ Delete
 NAME ~~GORDON, ALAN~~
 STREET ADDRESS ~~7203 SPUR COURT~~
 CITY-ST-ZIP ~~SARASOTA FL 34243~~

TITLE ☐ Change ☒ Addition
 NAME DIRECTOR
 STREET ADDRESS KEN BAKUNAS
 CITY-ST-ZIP 8910 N. Dale Mabry Hwy Ste. 16
 TAMPA, FL 33614

TITLE ☒ Delete
 NAME ~~PISCIOTTA, CHARLES~~
 STREET ADDRESS ~~8875 MISTY CREEK DRIVE~~
 CITY-ST-ZIP ~~SARASOTA FL 34241~~

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Matthew Behr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

(813) 932-9675

Daytime Phone #

CR2E034 (9/99)