

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90019 031 ***150.00

DOCUMENT # P98000078904

1. Entity Name
FINDIT.COM, INC.

Principal Place of Business

Mailing Address

**8910 N. DALE MABRY HWY
SUITE 16
TAMPA FL 33614**

**8910 N. DALE MABRY HWY
SUITE 16
TAMPA FL 33614**

2. Principal Place of Business

18302 Highwoods Preserve Parkway

3. Mailing Address

18302 Highwoods Preserve Parkway

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33647

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0870731**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete
NAME **D BAKUNAS, KEN**
STREET ADDRESS **8910 N. DALE HWY STE. 16**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D BAKUNAS, KEN**
STREET ADDRESS **18302 Highwoods Preserve Parkway, Suite 204**
CITY-ST-ZIP **Tampa, Florida 33647**

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

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

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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:

KENNETH BAKUNAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01
Date

(813) 932-9675
Daytime Phone #

CR2E034 (10/00)