

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101611

1. Entity Name  
SEARCH CONSULTANTS OF AMERICA, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90090 013 \*\*\*150.00

Principal Place of Business  
3651 42ND AVE S  
STE C-107  
SAINT PETERSBURG FL 33711

Mailing Address  
3651 42ND AVE S  
STE C-107  
SAINT PETERSBURG FL 33711

2. Principal Place of Business  
P.O. Box 531741  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 531741  
Suite, Apt. #, etc.

City & State  
ST. Petersburg, FL

City & State  
ST. Petersburg FL

4. FEI Number 58-2405287

Applied For  
Not Applicable

Zip 33747 Country U.S.

Zip 33711 Country U.S.

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

FABRIZIO, JOSEPH  
3585 41ST WAY S. #46E  
SAINT PETERSBURG FL 33711

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	WILLIS, DALE	
STREET ADDRESS	4001 40TH ST. S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABRIZIO, JOSEPH	
STREET ADDRESS	3585 41ST WAYS #46E	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Dale Willis DALE WILLIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001 727-906-0923  
Date Daytime Phone #

CR2E034 (10/00)