



FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90138 041 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106791			
1. Entity Name SEARCHPRO CORPORATION			
Principal Place of Business 333 N NEW RIVER DRIVE E, 3RD FL FT. LAUDERDALE, FL 33301		Mailing Address 2805 E OAKLAND PARK BLVD., PMB 110 FT. LAUDERDALE, FL 33306	
2. Principal Place of Business 2805 E. OAKLAND PARK BLVD. Suite, Apt. #, etc. #110 City & State FT. LAUDERDALE, FL Zip 33306 Country DECEMBER 10, 2003		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 91-2016771		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCILLIA, MICHAEL V 2805 E. OAKLAND PARK BLVD., PMB 110 FT. LAUDERDALE, FL 33306		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's Signature Required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SCILLIA, MICHAEL 2805 E OAKLAND PARK BLVD, PMB 110 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF FISCHER, KAREN 2805 E OAKLAND PARK BLVD, PMB 110 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.			
SIGNATURE:  MICHAEL SCILLIA		Date 4/30/03	

CR2E034 (10/02)