2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000107207

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW SMYRNA BEACH, FL 32168

(X) Delete

130 COUNTRY CLUB LANE

GETTYSBURG, PA 17325

TEEL, KAREN S

Entity Name: FREQUENCY FINDER, INC

FILED Jan 13, 2003 Secretary of State

Entity Nar	ne: FREQUE	NCY FINDER, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
109 W. KN EDGEWA	IAPP AVE. TER, FL 3213:	2					
Current Mailing Address:			New Maili	New Mailing Address:			
109 W. KN EDGEWA	IAPP AVE. TER, FL 3213:	2					
FEI Number: 52-2216995 FEI Number Applied For ()		FEI Number Not App	licable()	Certificate of Status Desi	ired ()		
Name and	Address of C	current Registered Agent:	Name and	Name and Address of New Registered Agent:			
109 W. KN EDGEWA	TER, FL 3213:	2 submits this statement for the	purpose of changing i	ts registered	office or registered agen	nt, or both,	
in the State	e of Florida.			J	3 3	,	
SIGNATUF		is Cissostons of Desistant A			Data		
	Electror	iic Signature of Registered A્	jeni.		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MONCURE, MO 134 SEA STRE		Title: Name: Address: City-St-Zip:	MONCURE, N 134 SEA STR			
Title: Name: Address: City-St-Zip:	VD () HALLER, RALP 130 COUNTRY GETTYSBURG	CLUB LANE	Title: Name: Address: City-St-Zip:	MONCURE, F 134 SEA STR			
Title: Name:	SD (X)		Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MOLLY A. MONCURE PCT 01/13/2003

() Change () Addition