

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90012 028 ***150.00

DOCUMENT # F98000000222

1. Entity Name
FINISHING TOUCH COLORS, INC.

Principal Place of Business Mailing Address
 P.O. BOX 650849 P.O. BOX 650849
 VERO BEACH FL 32965 VERO BEACH FL 32965

2. Principal Place of Business 3. Mailing Address
1055 18th Place SW **1055 18th Place SW**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Vero Beach, FL **Vero Beach, FL**
 Zip Country Zip Country
32962 **USA** **32962** **USA**

4. FEI Number Applied For
58-2121646 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVERETTE, KRISTIN
1986 17TH ST. S.W.
VERO BEACH FL 32962

Name **Kristin Averette**
 Street Address (P.O. Box Number is Not Acceptable)
1055 18th Place SW
 City **Vero Beach** **FL** Zip Code **32962**

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 *Kristin J. Averette* **4-23-01**
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 NAME STREET ADDRESS CITY-ST-ZIP	PCD AVERETTE, ROBERT 1986 17TH ST. S.W. VERO BEACH FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD AVERETTE, KRISTIN 1986 17TH ST. S.W. VERO BEACH FL 32962 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1055 18th Place SW Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1055 18th Place SW Vero Beach, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kristin J. Averette* **Kristin Averette** **4-23-01** **978-0338**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)