FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P9400032962 FINCO INC. 01-17-2001 90065 022 \*\*\*158.75 Principal Place of Business Mailing Address 2221 S PINE #2 4779 SE 34TH TERR OCALA FL 34470 OCALA FL 34470 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State . 59-3242277 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LISA MARIE FINN Street Address (P.O. Box Number is Not Acceptable) **4779 SE 34TH TERR** OCALA FL 34480 Zip Code entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above name SIGNATUR gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. rsident Addition TITLE TITLE Delete FINN, LISA MARIE NAME NAME SE 34th Terr 4779 SE 34TH TER STREET ADDRESS STREET ADDRESS OCALA FL 34480 CITY-ST-ZIP CITY-ST-ZIP VDST TITLE Delete ☐ Addition FINN, LISA MARIE NAME NAME 4779 SE 34TH TERRACE STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP OCALA FL 1. Poelete PTS 🔂 Change ☐ Addition TITLE TITLE FINN. STEPHEN A NAME 4779 SE 34TH TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP Addition A TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 by 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