

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2001 90152 017 ***150.00

DOCUMENT # P95000035500

1. Entity Name
FINNEY, INC.

Principal Place of Business
**28637 SHIRLEY SHORES ROAD
 TAVARES FL 32778**

Mailing Address
**28637 SHIRLEY SHORES ROAD
 TAVARES FL 32778**

2. Principal Place of Business
3209 Victoria Lane
 Suite, Apt. #, etc.

3. Mailing Address
3209 Victoria Lane
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Eustis, FL
 Zip
32726
 Country
USA

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Eustis, FL
 Zip
32726
 Country
USA

4. FEI Number **59-3299641**

Applied For
 Not Applicable

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

FINNEY, DAWN
28637 SHIRLEY SHORES ROAD
TAVARES FL 32778

Name
Finney, Dawn
 Street Address (P.O. Box Number is Not Acceptable)
3209 Victoria Lane
 City
Eustis FL Zip Code
32726

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
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTDS <input type="checkbox"/> Delete	FINNEY, DAWN 28637 SHIRLEY SHORES ROAD TAVARES FL 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD <input type="checkbox"/> Delete	FINNEY, CHRISTOPHER 28637 SHIRLEY SHORES ROAD TAVARES FL 32778	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01
 Date

352-385-9494
 Daytime Phone #

CR2E034 (10/00)