

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90174 036 ***150.00

0527690

DOCUMENT # P99000111599

1. Entity Name
THE FINISHING TOUCH CLEANING CARE PROFESSIONALS,

Principal Place of Business P.O. BOX 61702 ST. PETERSBURG FL 33784	Mailing Address P.O. BOX 61702 ST. PETERSBURG FL 33784
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053815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3649770		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LI CREASY, MARY SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA FL 33602				7. Name and Address of New Registered Agent			
				Name MAUREEN KENNEY			
				Street Address (P.O. Box Number is Not Acceptable) 21152 Ted Rd.			
				City BROOKSVILLE		FL Zip Code 34601	

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 *Maureen Kenney* **President** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, MAUREEN 4117 24TH AVENUE NORTH ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maureen Kenney* **MAUREEN KENNEY** DATE **4/30/01** DAYTIME PHONE # **423-1692**
Signature and typed or printed name of signing officer or director. Date

CR2E034 (10/00)