

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 615278

1. Entity Name

FINLAYSON-STRIPLING, INC.

Principal Place of Business

912 S LAKE ADAIR BLVD
ORLANDO FL 32804

Mailing Address

912 S LAKE ADAIR BLVD
ORLANDO FL 32804-6206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1903508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FINLAYSON, SARENA S
912 S LAKE ADAIR BLVD
ORLANDO, FL
ORLANDO FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2000 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

TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLAYSON, SARENA S		NAME	
STREET ADDRESS	912 S LAKE ADAIR BLVD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		CITY-ST-ZIP	32804
TITLE	VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLAYSON, PAMELA M		NAME	
STREET ADDRESS	912 S LAKE ADAIR BLVD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	32804
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDO, DOROTHY F		NAME	
STREET ADDRESS	912 S LAKE ADAIR BLVD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	32804
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINLAYSON, EDWIN J		NAME	
STREET ADDRESS	912 S LAKE ADAIR BLVD		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	32804
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Sarena S. Finlayson (407) 422-5392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
April 13, 2000 Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90059 038 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)