

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90268 049 ***150.00

0064224

DOCUMENT # 583719

1. Entity Name

FINNANE INVESTMENTS, INC.

Principal Place of Business

2014 WEST COLONIAL DR.
ORLANDO FL 32804

Mailing Address

2014 WEST COLONIAL DR.
ORLANDO FL 32804

2. Principal Place of Business

12 A InterLAKen Rd

Suite, Apt. #, etc.

Orlando, FL

City & State

32804

Zip

USA

Country

3. Mailing Address

12 A InterLAKen Rd

Suite, Apt. #, etc.

Orlando, FL

City & State

32804

Zip

USA

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1845705

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINNANE, MALCOLM A.
12 A INTERLAKEN RD.
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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

Malcolm A. Finnane, (Agent) President

4/10/01

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	P	<input type="checkbox"/> Delete
NAME	FINNANE, MALCOLM A.	
STREET ADDRESS	12-A INTERLAKEN RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FINNANE, SHEILA K.	
STREET ADDRESS	12-A INTERLAKEN RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Malcolm A. Finnane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

407-293-4264

Daytime Phone

CR2E034 (10/00)