

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0164261 AV

DOCUMENT # 592363

1. Entity Name
FINALE CORPORATION

04-02-2002 90047 003 ***150.00

Principal Place of Business

101741 OVERSEAS HWY
KEY LARGO FL 33037-4585
US

Mailing Address

101741 OVERSEAS HWY
KEY LARGO FL 33037-4585
US



2. Principal Place of Business

23 Judy Place
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1028
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key Largo, FL

City & State

Key Largo, FL

4. FEI Number

59-1881561

Applied For

Not Applicable

Zip

33037

Country

USA

Zip

33037-1028

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNECHT, ARLENE A.
101741 OVERSEAS HWY
KEY LARGO, FLORIDA DFL 33037

7. Name and Address of New Registered Agent

Name

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

23 JUDY PLACE

City

Key Largo

FL

33037

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, 2002 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	VD	<input type="checkbox"/> Delete
NAME	KNECHT, ROBERT L	
STREET ADDRESS	101741 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	STP	<input type="checkbox"/> Delete
NAME	KNECHT, ARLENE A	
STREET ADDRESS	101741 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNECHT, RICHARD J	
STREET ADDRESS	101741 OVERSEAS HWY	
CITY-ST-ZIP	KEY LARGO 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knecht, Robert L	
STREET ADDRESS	23 JUDY PLACE	
CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	STP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knecht, Arlene A	
STREET ADDRESS	23 JUDY PLACE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Knecht, Richard J.	
STREET ADDRESS	87 Holiday Blvd	
CITY-ST-ZIP	Key Largo FL 33037	
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: **Arlene A. Knecht, Pres Arlene A. Knecht** **3/24/02 (305) 453-0578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)