

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003327

1. Entity Name

FINLAY REAL ESTATE SERVICES, INC.

Principal Place of Business

8601 BEACH BOULEVARD, SUITE 107
JACKSONVILLE FL 32216

Mailing Address

8601 BEACH BOULEVARD, SUITE 107
JACKSONVILLE FL 32216

2. Principal Place of Business

4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

3. Mailing Address

4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

Zip

Country

Zip

Country

4. FEI Number 02-0397731

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINLAY, CARROLL
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Christopher C. Finlay

2/23/01

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 NAME STREET ADDRESS CITY-ST-ZIP

PS
FINLAY, CARROLL
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

Delete

CD
FINLAY, CHRISTOPHER C
4300 Marsh Landing Boulevard
Suite 101
Jacksonville Beach, FL 32250

Delete

SCOTT, DAVID N
3948 SOUTH THIRD STREET, SUITE 331
JACKSONVILLE BEACH FL 32250

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change

Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change

Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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Change

Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change

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

Christopher C. Finlay

Date

Daytime Phone #

2/23/01 904.280.1000

CR2E034 (10/00)

0016357

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90021 048 ***158.75



DO NOT WRITE IN THIS SPACE