## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** F71828

1. Entity Name



## **FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90120 042 \*\*\*150.00

FINISH HARDWARE SERVICE INC.						02-20-2003 30120	042 130	3.00
% H. V. BR	20TH PLACE	Mailing Address % H. V. BROWN 8071 S.W. 20TH PLACE DAVIE FL 33324				. A MANINER HAN HARD HARD DAIRE HARD HARD HARD	<b>6</b> 71 <b>0</b> 8881 01012 <b>6</b> 801	1 <b>010</b> 14 <b>0</b> 4014 1008
2. Principal	Place of Business	3. Mailing Address			$\dashv$			
Suite, Apt. #, etc.		Suite, A			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & S	tate		-	4. FEI Number 59-2179981 Applied For		
Zíp	Country	Zip	_	Country	_	5. Certificate of Status Desired	\$8.75 Ac	lot Applicable Iditional
	6. Name and Address of Curren	Registered A	gent			7. Name and Address of New Registere	Fee Require	ed
BROWN, H. V.				Name		,	u Agent	
8071 S.W. 20TH PLACE DAVIE FL 33324				Street Address (P.O. Box Number is Not Acceptable)				
DAVIE FI	L 33324			City	-		■ Zip Coo	10
8. The above	e named entity submits this statement f	or the purpose	of changing its red	1 -	nistered	agent, or both, in the State of Florida. I ar	_ ' '	
the obliga	ations of registered agent.			3.5.5.5.5.5 SINOS 67 10g	giotorou	agent, or both, in the state of ribrida. Tar	n ramiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if englicable	(NOTE: De	naintenant A				
	FILE NOW!!! FEE IS \$150.00	are into a applicable	(NOTE: RE	egistered Agent signature re	equired who	en reinstating) DATE		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>	\$5.0 □ Added	00 May Be
10. OFFICERS AND DIRECTORS				11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DISEATOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, H V 8071 S.W. 20TH PLACE DAVIE FL	****	□ Delete	TITLE NAME STREET ADDRESS		ADDITIONS/CHANGES TO OFFICERS AF	Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LA RENE, DEBRA S. 11040 S LAKEVIEW DR PEMBROKE PINES FL		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRA, JANICE 8109 NW 93 AVE. TAMARAC FL 33321		Delete	NAME STREET ADDRESS CITY-ST-ZIP		management of the second of th	□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		E	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #