2001 UNIFORM BUSINESS REPORT (UBR)

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

FILED Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # J38642** 1. Entity Name FINGAR PAINTING, INCORPORATED 02-13-2001 90044 020 ***150.00 Principal Place of Business Mailing Address 11406 N. 53RD STREET 11406 N. 53RD STREET TAMPA FL 33617 TAMPA FL 33617 5/st Street DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2764457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINGAR, WALLACE R. JR. Street Address (P.O. Box Number is Not Acceptable) 11400 N. SORD STREET **TAMPA FL 33617** 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) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TITLE 11812 N. 51st-Street Temple Terrare FL 33617 NAME FINGAR, WALLACE R. JR.-МАМЕ STREET ADDRESS STREET ADDRESS 11406 NORTH 53RD ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA-FL TITLE ☐ Delete TITLE 11812 N. 51st Street Temple Terrace, FC 33617 MCLAUGHLIN, LYNDA NAME NAME STREET ADDRESS 11406 NORTH 53RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL-Delete . - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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