

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT **K96834**

1. Entity Name

FINAL TOUCH AUTO PAINTS, INC

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-21-2002 90882 047 ***150.00

Principal Place of Business Mailing Address
1005 N WICKHAM ROAD
MELBOURNE FL 32901
US
FINAL TOUCH AUTO PAINTS, INC
839 REMSEN AVE NW
PALM BAY, FL 32907

2. Principal Place of Business 3. Mailing Address
839 REMSEN AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PALM BAY, FL 32907

Zip Country Zip Country
32907 **FLORIDA**

4. FEI Number Applied For
65-0125414 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARD DONAHUE
839 REMSEN AVE NW
PALM BAY, FL 32907

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 type for principal place of business and LLC (if applicable)

(NOTE: Registered Agent signature is not when registering)

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, 2000 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
RICHARD DONAHUE
839 REMSEN AVE NW
PALM BAY, FL 32907

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
President

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
BLANCA DONAHUE
839 REMSEN AVE NW
PALM BAY, FL 32907

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
V.P.

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
BLANCA

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 **Richard V. Donahue Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9-99)