

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

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90035 003 \*\*\*150.00

DOCUMENT # L04000088069

1. Entity Name

FINN PROPERTIES, LLC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1401 5th Street N.

Suite, Apt. #, etc.

3. Mailing Address

1401 5th Street N.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL 33704

City & State

St. Petersburg, FL 33704

4. FEI Number

52-2447128

Applied For

Not Applicable

Zip  
33704

Country  
Pinellas

Zip  
33704

Country  
Pinellas

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Daniel Finn

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

1401 5th Street N.

City

St. Petersburg

FL

Zip Code  
33704

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
Daniel Finn - Member 1401 5th Street N. St. Petersburg, FL 33704			
Patricia Finn - Member 1401 5th Street N. St. Petersburg, FL 33704			

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)