

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90312 042 ***150.00

DOCUMENT # P00000074034

1. Entity Name

FINISH SYSTEMS, INC.

Principal Place of Business

**319 RIVEREDGE BLVD., SUITE 218
 COCOA FL 32922**

Mailing Address

**319 RIVEREDGE BLVD., SUITE 218
 COCOA FL 32922**

2. Principal Place of Business

FINISH SYSTEMS, INC.

3. Mailing Address

FINISH SYSTEMS, INC.

Suite, Apt. #, etc.

5130 COMMERCIAL DR. Suite F

Suite, Apt. #, etc.

5130 COMMERCIAL DR. Suite F

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3674781

Applies For

Not Applicable

Zip

32940

Country

BREVARD

Zip

32940

Country

BREVARD

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

MINOT, MICHAEL S

**319 RIVEREDGE BLVD., SUITE 218
 COCOA FL 32922**

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]

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

(NOT)

Registered Agent's signature required when reinstating)

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, 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	PDV	<input type="checkbox"/> Delete
NAME	HELSETH, HARRY C	
STREET ADDRESS	319 RIVEREDGE BLVD., SUITE 218	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HELSETH, ELIZABETH L	
STREET ADDRESS	319 RIVEREDGE BLVD., SUITE 218	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

321-757-3125

Daytime Phone #

CR2E034 (10/00)