

2001 UNIFORM BUSINESS REPORT (UBR)

5/2

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

05-02-2001 90084 025 ***150.00

DOCUMENT # P00000095849

1. Entity Name

FINFROCK DESIGN, INC.

Principal Place of Business

**2400 APOPKA BLVD
APOPKA FL 32703**

Mailing Address

**PO BOX 607754
ORLANDO FL 32860-7754**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINFROCK, ROBERT D
2400 APOPKA BLVD
APOPKA FL 32703**

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

(NOTE: Registered Agent 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Debra K. Doan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA K. DOAN

4/9/01

Date

407-293-4000

Daytime Phone #

CR2E034 (10/00)

Attachment
#P.000000095849
47142

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FINFROCK DESIGN, INC.

Addresses of officers/directors:

Robert D. Finfrock
4040 Timberlane Ave.
Orlando, FL 32804

Allen R. Finfrock
825 Golfview Street
Orlando, FL 32804

Thomas E. Cunningham
350 Golf Brook Circle, #200
Longwood, FL 32779

Debra K. Doan
1561 Lyndale Blvd.
Maitland, FL 32751

Debra K. Doan 5/22/01