

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90110 001 ***300.00

DOCUMENT # P01000008049

1. Entity Name

A.F.T. FINISHING SYSTEMS, INC.

Principal Place of Business

**2900 NW 28TH STREET BUILDING 10
 LAUDERDALE LAKES FL 33311**

Mailing Address

**2900 NW 28TH STREET BUILDING 10
 LAUDERDALE LAKES FL 33311**

2. Principal Place of Business

1919 N.W. 19th St.

3. Mailing Address

Suite, Apt. #, etc.

3D

City & State

Fort Lauderdale, FL

City & State

Zip

33311

Country

Broward

Zip

Country

4. FEI Number

80-0022784

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLOOD, JACK
 2900 NW 28TH STREET BUILDING 10
 LAUDERDALE LAKES FL 33311**

7. Name and Address of New Registered Agent

Name

**1919 N.W. 19th St
 Ft. Laud. FL 33311**

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 **NAFHE K. Flood (Secretary)**

(NOTE: Registered Agent signature required when reappointing)

DATE

4/24/02

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, 2002 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	D/P	<input type="checkbox"/> Delete
NAME	FLOOD, JACK	
STREET ADDRESS	2900 NW 28TH STREET BUILDING 10	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
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	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOOD, Jack	
STREET ADDRESS	1919 N.W. 19th St.	
CITY-ST-ZIP	Fort Lauderdale FL 33311	
TITLE	D/S/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAFHE K. Flood	
STREET ADDRESS	1919 N.W. 19th St	
CITY-ST-ZIP	Fort Laud. FL 33311	
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
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 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:

NAFHE K. Flood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/24/02

DAYTIME PHONE #

954-720-9699

CR2E034 (9/01)