

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90780 015 ***150.00

DOCUMENT # *Fins Express, Inc.*
1. Entity Name *P01000032289*

DO NOT WRITE IN THIS SPACE

642036

2. Principal Place of Business
1528 Bent Willow Dr
Suite, Apt. #, etc.

3. Mailing Address
1528 Bent Willow Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL
Zip *32311* Country *U.S.*

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Zip *32311* Country *U.S.*

4. FEI Number *59-3706027*
Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *LEWIS J. BARWICK*

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

1528 Bent Willow Drive

City *Tallahassee* **FL** Zip Code *32311*

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 *LJB* *4/16/02*
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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *President Director*
NAME *Lewis J. Barwick*
STREET ADDRESS *1528 Bent Willow Dr*
CITY-ST-ZIP *Tallahassee, FL 32311*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice Pres Director*
NAME *Christopher S. Dyke*
STREET ADDRESS *1528 Bent Willow Dr*
CITY-ST-ZIP *Tallahassee, FL 32311*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *LJB* *LEWIS J. BARWICK* *4/16/02* *850-521-2890*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)