

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90503 032 ***158.75

DOCUMENT # P01000032289

1. Entity Name
FINS EXPRESS, INC.



Principal Place of Business
**1528 BENT WILLOW DR
TALLAHASSEE FL 32311**

Mailing Address
**1528 BENT WILLOW DR
TALLAHASSEE FL 32311**

2. Principal Place of Business
1510-E5 CAPITAL CIR. S.E.

3. Mailing Address
1510-E5 CAPITAL CIR. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE, FL. 32301

City & State
TALLAHASSEE, FLORIDA

4. FEI Number
59-3706027

Applied For
☐ Not Applicable

Zip
32301

Country
LEON

Zip
32301

Country
LEON

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

**BARWICK, LEWIS J
1528 BENT WILLOW DRIVE
TALLAHASSEE FL 32311**

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BARWICK, LEWIS J**
STREET ADDRESS **1528 BENT WILLOW DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **PSD** ☒ Change ☐ Addition
NAME **BARWICK, LEWIS J.**
STREET ADDRESS **1528 BENT WILLOW DR**
CITY-ST-ZIP **TALLAHASSEE, FL. 32311**

TITLE **VPD** ☐ Delete
NAME **DYKE, CHRISTOPHER S**
STREET ADDRESS **1145 BRAFFORTON DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VTDC** ☒ Change ☐ Addition
NAME **DYKE, CHRISTOPHER S.**
STREET ADDRESS **1528 BENT WILLOW DR**
CITY-ST-ZIP **TALLAHASSEE, FL. 32311**

TITLE **D** ☒ Delete
NAME **DYKE, CHRISTOPHER S**
STREET ADDRESS **1528 BENT WILLOW DR**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Change ☒ Addition
NAME **BARWICK, EULACE W.**
STREET ADDRESS **1528 BENT WILLOW DR.**
CITY-ST-ZIP **TALLAHASSEE, FL. 32311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CHRISTOPHER S. DYKE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

Date

850-321-6770

Daytime Phone #

CR2E034 (10/02)