

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90031 049 \*\*\*150.00

**DOCUMENT # P01000072796**

1. Entity Name

**FINK PROPERTIES, INC.**

Principal Place of Business

2509 ARBORWOOD DRIVE  
VALRICO FL 33594

Mailing Address

2509 ARBORWOOD DRIVE  
VALRICO FL 33594

2. Principal Place of Business

2509 ARBORWOOD DR.  
Suite, Apt. #, etc.

3. Mailing Address

2509 ARBORWOOD DR.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

VALRICO, FL

City &amp; State

VALRICO, FL

4. FEI Number

59-3734357

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

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

6. Name and Address of Current Registered Agent

NYMARK, DENNIS V  
110 SO. PEBBLE BEACH BLVD.  
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name

Dennis V. NYMARK

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

110 S. PEBBLE BEACH BLVD.

City

SUN CITY CENTER FL

Zip Code

33573

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, 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	PTD	<input type="checkbox"/> Delete
NAME	FINK, THAD E	
STREET ADDRESS	2509 ARBORWOOD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	FINK, BETHANIE C	
STREET ADDRESS	2509 ARBORWOOD DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
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
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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/14/02

Daytime Phone #

613-610-8975

CR2E034 (9/01)