

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90380 033 ***158.75

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DOCUMENT # P01000089446

1. Entity Name
JUST NUMBERS FINISH, INC.



Principal Place of Business
**2317 SILVER STAR ROAD
ORLANDO FL 32804**

Mailing Address
**2317 SILVER STAR ROAD
ORLANDO FL 32804**

11038739



2. Principal Place of Business

3. Mailing Address

JUST NUMBERS FINISH, INC. 3461 Edgewater Drive.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO FL 32804

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3744888**

Applied For

Not Applicable

Zip

Country

Zip

Country

ORANGE

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

**PATINO, LUIS H
3574 SOUTH POINT ROAD
ORLANDO FL 32822**

Name **Luis H patino**

Street Address (P.O. Box Number is Not Acceptable)
4937 Cedarstone Ln.

City **ORLANDO**

FL

Zip Code **32822**

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
NAME **P**
STREET ADDRESS **PATINO, LUIS H**
CITY-ST-ZIP **425-G GASTON FOSTER STE H
ORLANDO FL 32807**

☐ Delete

TITLE
NAME **Patino Luis H.**
STREET ADDRESS **3461 Edgewater Drive**
CITY-ST-ZIP **ORLANDO FL 32804**

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

4-30-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)