FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90082 040 ***158.75

DOCUMENT # P01000097964

1. Entity Name

Finney's Auto Sales, Inc.

639911

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1860 N. Nova Rd.	P.O. Box 446
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Holly Hill, FL	Flagler Beach, FL
City & State	City & State
Zip 32117 Country USA	Zip 32136 Country USA

4. FEI Number NONE — Applied For ☐ Not Applicable ☒

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Eddie R. Finney

Street Address (P.O. Box Number is Not Acceptable): 1860 N. Nova Rd.

City: Holly Hill, FL Zip Code: 32117

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.

N/A

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	Eddie R. Finney
STREET ADDRESS	P.O. Box 446
CITY-ST-ZIP	Flagler Beach, FL 32136
TITLE	VST
NAME	Joyce Webb
STREET ADDRESS	P.O. Box 446
CITY-ST-ZIP	Flagler Beach, FL 32136
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NAME	
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CR2E034B (12/01)

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: Joyce Webb Joyce Webb, Vice Pres. 4-13-2002 (386)226-8950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #