

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

08-25-2003 90097 013 ***550.00

DOCUMENT # P02000034052

1. Entity Name
A-TEN FINISHING CORPORATION



Principal Place of Business
**4914 10 AVE S
GULFPORT FL 39707**

Mailing Address
**4914 10 AVE S
GULFPORT FL 39707**

33055871

2. Principal Place of Business
**6368 49th St. N.
Suite, Apt. #, etc.**

3. Mailing Address
**8012 25 AVE N
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State
Pinellas Park, Florida
Zip
33781
Country
USA

City & State
ST Peter FL
Zip
33710
Country
USA

4. FEI Number
820552514

Applied For
☐ Not Applicable

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

**MORALES, NELSON
7242 34 AVE NO
ST PETERSBURG FL 33710**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	PRESIDENT ERNESTO GIL 8012 25th AVE. N ST. PETERSBURG, FL. 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT NELSON D. MORALES 7242 34th AVE. N ST. PETERSBURG, FL. 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ADAM MORALES 7242 34th AVE. N ST. PETERSBURG, FL. 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TARSIS GIL 8012 25th AVE. N ST. PETERSBURG, FL. 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03 **727/526-1200**
Date Daytime Phone #

CR2E034 (4/03)