

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90447 034 ***150.00

DOCUMENT # P02000036310

1. Entity Name
FINGERS CROSSED, INC.



Principal Place of Business
**5121 GULF DR.
PANAMA CITY BCH FL 32408**

Mailing Address
**5121 GULF DR.
PANAMA CITY BCH FL 32408**

2. Principal Place of Business
5325 N. Lagoon Drive

3. Mailing Address
P.O. Box 13066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

Zip

32408

Country

USA

Zip

32417

Country

USA

4. FEI Number

01-0677303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPARKMAN, WALTER B III
5121 GULF DR.
PANAMA CITY BCH FL 32408**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SPARKMAN, WALTER B III**
STREET ADDRESS **5121 GULF DR.**
CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE **D** ☐ Delete
NAME **DAVIS, TONI**
STREET ADDRESS **5121 GULF DR.**
CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE **D** ☐ Delete
NAME **PLYER, DAN**
STREET ADDRESS **5121 GULF DR.**
CITY-ST-ZIP **PANAMA CITY BCH FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Secretary (P/S)** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice President (V)** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer (T)** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)