

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State

04-28-2003 90298 021 ***158.75

DOCUMENT # **P02000050100**

1. Entity Name
MELISSA J. FINNERTY, INC.



Principal Place of Business
**4340 WOODMANS CHART
SARASOTA FL 34235**

Mailing Address
**4340 WOODMANS CHART
SARASOTA FL 34235**

55048770

2. Principal Place of Business

107 S E LELAND ST

3. Mailing Address

107 S E LELAND ST

☒ CHECK HERE IF MAKING CHANGES

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number

42-1538248

Applied For

Not Applicable

Zip **33952**

Country **CHARLOTTE**

Zip **33952**

Country **CHARLOTTE**

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

**MATTHEW, JAMES R
22212 MONTROSE AVENUE
PORT CHARLOTTE FL 33952**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **FINNERTY, MELISSA J**
STREET ADDRESS **107 S.E. LELAND STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 (94) 628-16316

Date

Daytime Phone

CP2E034 (1/0/02)