FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2004 8:00 am
Secretary of State
03-30-2004 90002 042 ***150.00

DOCUMENT # P03000023514

1. Entity Name: THE FINN TEAM REALTY
12270 COCONUT CREEK CT
FT. MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business: 12270 COCONUT CRK CT.
Suite, Apt. #, etc.
City & State: FT. MYERS FL
Zip: 33908 Country: USA

3. Mailing Address: (SAME)
Suite, Apt. #, etc.
City & State: FL
Zip: 33908 Country: USA

4. FEI Number: 65-0557177 ☐ 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: MICHAEL TERRY
Street Address (P.O. Box Number is Not Acceptable): 12270 COCONUT CREEK CT
City: FT MYERS FL
FL Zip Code: 33908

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: 4-15-04

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	MATTHEW FINN 12270 COCONUT CREEK CT. FT. MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FIONA FINN 12270 COCONUT CREEK CT FT MYERS, FL 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TO ASSISTANT TREASURER MATT FINN 12270 COCONUT CREEK CT FT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FIONA FINN 12270 COCONUT CREEK CT., FORT MYERS FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: BROKER / PRESIDENT FIONA FINN 3/24/04 239 691-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #