

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05427

1. Entity Name

JAMES L. FINEFROCK AND ASSOCIATES CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90031 023 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5335 FAR HILLS AVE. SUITE 318 P. O. BOX 4208 DAYTON OH 45401-4208 US		Mailing Address 3149 WRENFORD ST P.O. BOX 4208 DAYTON OH 45401-4208 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country USA
6. Name and Address of Current Registered Agent CHRIS DRAPER, ESQ & 500 WINDERLY PLACE SUITE 104 MAITLAND FL 32751		4. FEI Number 31-1100463 Applied For Not Applicable	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FINEFROCK, BONNIE 3149 WRENFORD STREET DAYTON OH <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	PDT FINEFROCK, JAMES 3149 WRENFORD STREET DAYTON OH <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>B. J. Finefrock</i>		Date: 4/28/00 Daytime Phone #: 937 438-2820	

CR2E034 (9/99)