2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address P O BOX 15446

DOCUMENT # P92000015385

1. Entity Name

1802 BECK AVENUE

Principal Place of Business

SIGNATURE:

FINLAYSON ENTERPRISES, INC.

PANAMA CITY FL			PANAMA CITY FL 32406-5446 US				041000					
2. Principal Pi	ace of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE		
City & State)		City & State			4. 1	4. FEI Number 59-3167888				pplied For ot Applicable	
Zip		Zip	Country						\$8.75 Ad	ditional		
	6. Name	and Address of Current R	egistered Agent	_]		7. 1	Name and A	dress of New	Registered	Agent		
					Name							
ISLER, CHARLES S III 434 MAGNOLIA AVE. PANAMA CITY FL 32402					Street Address (P.O. Box Number is Not Acceptable)							
				l	City	·			FL	Zip Cod	ie .	
SIGNATURE _ 9. This corpo Tax filing re	Signature, typed tration is elig equirement a	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	FILE NOW!	Registered	d Agent signature	required when re	einstating)	in the State of F	DATE		00 May Be	
(See criter	ia on back)		Make Check Payab		<u> </u>		<u> </u>			DIDEOTOE	50,101,44	
11.	<u>D</u>	OFFICERS AND D		12.		A	DDITIONS/CI	HANGES TO OF	FICERS AN	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FINLAYSO 3707 SHO	ON, CAROLYN P DRE LINE CIRCLE CITY FL 32405	☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D □ Oslete FINLAYSON, JAMES A 3707 SHORE LINE CIRCLE PANAMA CITY FL 32405			l.				<u>.</u>	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7,44,478	-	Delete		i i	Mou	<u>-</u>	- T		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Dalete		1					Change	Addition	
indicated of the cor	on this repo poration or t	rt or supplemental report is he receiver or trustee empor achmen with an address, w	this filing does not qualify for true and accurate and that revered to execute this report ith all other like empowered.	ny signat as requii	ture shall hav red by Chapti	e the same er 607, Flori	legal effect a ida Statutes;	as if made unde and that my nai	r oatn; tnat i me appears	am an office in Block 11 d	or Block 12 if	

FILED

Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90047 042 ***150.00

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