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	R PROFIT CORPOR BUSINESS REPOR	
DOCUMENT #	P94000055445	
S.A. FINCH & ASSOCIA	ATES, INC.	



Principal Place of Business Mailing Address 5560 BEE RIDGE ROAD 5500 BEE RIDGE ROAD SUITE D-3 SUITE D-3 SARASOTA FL 34233-SARASOTA FL: 94233 2. Principal Place of Business 3. Mailing Address 6151 LAKE OSPREY DRIVE 6151 LAKE OFFREY DRIVE Suite Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 303 303 City & State City & State 4. FEI Number Applied For 65-0505726 SARASO TA DARASOTA Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34240 USA 34240 U5 A Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent FINCH, SHIRLEY A Street Address (P.O. Box Number is Not Acceptable) 53(6 53R) AVE EAST - 5224 SNA JOSE DRIVE SARASOTA FL 34235 BRADENTON Zip Code 34203 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE NAME FINCH, SHIRLEY A NAME SBRD AVE EAST, # A44 5224 SAN JOSE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34235 CITY-ST-ZIP BRIDENTON, FL 34203 **VPS** ☐ Delete TITLE Change Addition TITLE NAME FINCH, ROBERT L NAME SBRD AVE FAST, # A44 STREET ADDRESS STREET ADDRESS 5224 SAN JOSE DRIVE SARASOTA FL-34235 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SHIRLEY A. FINCH 4/.

CR2E034 (10/02)