

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-12-2003 90209 028 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000018260

1. Entity Name

MICROFINISHES, INC



DO NOT WRITE IN THIS SPACE

55050252

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
JAX
BASS RD / MOBILE

3. Mailing Address
PO Box 1723

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MELROSE FL

City & State
MELROSE FL

4. FEI Number
FED ID# 59-3304582

Applied For
Not Applicable

Zip
32666

Country
FLORIDA

Zip
32666-1723

Country
FLORIDA

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
MARIANNE BACHAND

Street Address (P.O. Box Number is Not Acceptable)

BASS ROAD

City
MELROSE

FL

Zip Code
32666

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

Marianne Bachand

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

6/23/2003

DATE

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 | PRESIDENT MARIANNE BACHAND PO Box 1723 MELROSE, FL 32666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT PO Box 1723 MARIANNE BACHAND PO Box 1723 MELROSE, FL 32666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARIANNE BACHAND PO Box 1723 MELROSE, FL 32666 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER MARIANNE BACHAND PO Box 1723 MELROSE, FL 32666 |
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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANNE BACHAND

5/1/2003

904-913-6237

Date Daytime Phone #

CR2E034B (12/02)