

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 005 ***550.00

DOCUMENT # P95000030813

1. Entity Name
FINE FINISH, INC.



Principal Place of Business
2950 SW 137TH TERRACE
DAVIE FL 33330

Mailing Address
2950 SW 137TH TERRACE
DAVIE FL 33330



2. Principal Place of Business

1379 SHOTGUN ROAD

3. Mailing Address

1379 SHOTGUN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FL
City & State
SUNRISE, FL
4. FEI Number 65-0575641
Applied For
Not Applicable

Zip 33326 Country DROWARD
Zip 33326 Country DROWARD
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
7. Name and Address of New Registered Agent

BARRETT, MYRA J
2950 SW 137TH TERRACE
DAVIE FL 33330

Name
Street Address (P.O. Box Number is Not Acceptable)
1379 SHOTGUN ROAD
City SUNRISE FL Zip Code 33326

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 Myra Jane Barrett, Pres. MYRA JANE BARRETT, PRES 8/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, MYRA J		NAME		
STREET ADDRESS	2950 SW 137TH TERRACE		STREET ADDRESS	1379 SHOTGUN ROAD	
CITY-ST-ZIP	DAVIE FL 33330		CITY-ST-ZIP	SUNRISE, FL 33326	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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.

SIGNATURE: Myra Jane Barrett, Pres. MYRA JANE BARRETT, PRES 8/11/03
Signature, typed or printed name of signing officer or director Date

CR2E034 (4/03)