

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90152 017 ***150.00

DOCUMENT # P95000035500

1. Entity Name
FINNEY, INC.

Principal Place of Business
**28637 SHIRLEY SHORES ROAD
TAVARES FL 32778**

Mailing Address
**28637 SHIRLEY SHORES ROAD
TAVARES FL 32778**

2. Principal Place of Business

3209 Victoria Lane
Suite, Apt. #, etc.

3. Mailing Address

3209 Victoria Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Eustis, FL

City & State

Eustis, FL

4. FEI Number **59-3299641**

Applied For

☐ Not Applicable

Zip **32726**

Country **USA**

Zip **32726**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINNEY, DAWN
28637 SHIRLEY SHORES ROAD
TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **Finney, Dawn**
Street Address (P.O. Box Number is Not Acceptable) **3209 Victoria Lane**
City **Eustis** FL Zip Code **32726**

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTDS FINNEY, DAWN 28637 SHIRLEY SHORES ROAD TAVARES FL 32778 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FINNEY, CHRISTOPHER 28637 SHIRLEY SHORES ROAD TAVARES FL 32778 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 Date

352-385-9494 Daytime Phone #

CR2E034 (10/00)