

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

0102183 AV

DOCUMENT # P96000085182

1. Entity Name
FINISH CONCEPTS, INC.



04-04-2003 90102 044 ***150.00

Principal Place of Business
**500 EAST PRINCETON STREET
ORLANDO FL 32803**

Mailing Address
**500 EAST PRINCETON STREET
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405084

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

**BIRNSTIHL, PATRICIA M
500.E PRINCETON STREET
ORLANDO FL 32803**

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

City **FL** Zip Code

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WALSER, PATRICIA M
500 EAST PRINCETON STREET
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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 title empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-896-4135

CR2E034 (10/02)

ATTACHMENT
FINISH CONCEPTS

PATRICIA M. WHEELER, A.S.I. D.
Interior Designer, ID# 001181

RESIDENTIAL * COMMERCIAL

10057157
P96000085182 4/2/03

Good Day,

I was married on 9/21/02
which my name as changed
from Walsen to Wheeler.

My business information has
stayed the same. Home address
is now:

626 HERMITS TRAIL
ALTAMONTE SPRINGS, FL
32701

Hm # 407-339-5286

Sincerely,
PM Wheeler

500 East Princeton Street Orlando, FL 32803
407-896-4135 (fax) 407-896-8763

Attached, Marriage Lic.