

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90158 034 \*\*\*150.00

**DOCUMENT # P97000050870**

1. Entity Name

**FINMARK, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 271472  
 TAMPA FL 33688-1472

POST OFFICE BOX 271472  
 TAMPA FL 33688-1472

2. Principal Place of Business

3. Mailing Address

*3110 CHERRY PALM*

*3110 CHERRY PALM DR*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*355*

*355*

City & State

City & State

*TAMPA FL*

*TAMPA FL*

Zip

Country

Zip

Country

*33619*

*33619*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TYRRELL, SPENCER**  
**3012 SABAL ROAD**  
**TAMPA FL 33618**

Name

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

*4011 PRIORITY CIRCLE*

City

*TAMPA*

**FL**

Zip Code

*33624*

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

*Spencer G. Tyrrell, VP 3-2-00*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TYRRELL, SPENCER	3012 SABAL ROAD	TAMPA FL 33618	<input type="checkbox"/>
D	BYRCH, ROBERT	28602 HANGING MOSS LOOP	WESLEY CHAPEL FL 33543	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>4011 Priority Circle</i>	<i>Tampa, FL 33624</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*Spencer G. Tyrrell* 3-2-00 (813) 918-8202

Date

Daytime Phone #

CR2E034 (9/99)