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

DOCUMENT # P97000064433

1. Entity Name

J. FINNEGAN & ASSOCIATES, INC.

FILED

02 MAY 29 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 North O Street

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 20543

Suite, Apt. #, etc.

City & State

Lake Worth, Florida

City & State

West Palm Beach, Florida

4. FEI Number

65-0769741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Finnegan

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

224 North O Street

City

Lake Worth

FL

Zip Code

33460

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**PTD
Finnegan, James G.
224 North O Street
Lake Worth, Florida 33460**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
Finnegan, Ytonna L.
224 North O Street
Lake Worth, Florida 33460**

TITLE
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****300.00 ****300.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

James G. Finnegan, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

1. James G. Finnegan is the President of J. FINNEGAN & ASSOC., INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 21, 2001.
3. That the Corporation failed to file its 2001 and 2002 Annual Report or pay the 2001 and 2002 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2001 and 2002 Annual Report fees and the filing of its 2001 and 2002 Annual Reports, which are presented simultaneously with this Affidavit.
5. J. FINNEGAN & ASSOC., INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 24th day of May, 2002

FURTHER, AFFIANT SAYETH NOT:

J. FINNEGAN & ASSOC., INC.

By: [Signature]
James G. Finnegan, President

SWORN AND SUBSCRIBED
before me this 24th day of May, 2002

[Signature]
Notary Public, State of Florida at Large
Printed Name: MARIA DEL C. PENA
Commission Expires: _____

