2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90116 040 ***155.00

0295259

DOCUMENT # P97000071102

1. Entity Name

FINIS, INC.

Principal Place of Business	Mailing Address
5435 SEA BISCUIT RD PALM BEACH GARDENS FL 33418	5435 SEA BISCUIT RD PALM BEACH GARDENS FL 33418

957314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0814744 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, WALTER C
4114 NORTHLAKE BLVD SUITE 101
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name JOHN M. TERMOTTO

Street Address (P.O. Box Number is Not Acceptable) 5435 SEA BISCUIT RD

City PALM BEACH GARDENS FL Zip Code 33418

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 _____ 4-18-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TERMOTTO, AMANDA A 6879 PALM GROVE COURT PALM BEACH GARDENS FL 33418	☐ Delete		☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ PRES. AMANDA A. TERMOTTO 4-18-01 561 626-7996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #