

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91835 047 ***150.00

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1. Entity Name
FINIS, INC.

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

Mailing Address
~~5435 SEA BISCUIT RD~~
~~PALM BEACH GARDENS FL 33418~~



2. Principal Place of Business
12212 US 1
Suite, Apt. #, etc.

3. Mailing Address
12212 US 1
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Juno Beach, FL
Zip
33408
Country
USA

City & State
Juno Beach, FL
Zip
33408
Country
USA

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

7. Name and Address of New Registered Agent

TERMOTTO, JOHN M
~~5435 SEA BISCUIT ROAD~~
~~WEST PALM BEACH FL 33418~~

Name
Street Address (P.O. Box Number is Not Acceptable)
12212 US #1
City **Juno Beach FL** Zip Code **33408**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	Delete
	D			<input type="checkbox"/>
	TERMOTTO, AMANDA A			
	6879 PALM GROVE COURT			
	PALM BEACH GARDENS FL 33418			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 like empowered.

SIGNATURE: *AMANDA A. TERMOTTO*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-24-03** Daytime Phone # **561-627-4001**

CR2E034 (10/02)