

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90355 012 \*\*\*150.00

DOCUMENT # **P98 00000 A066**  
1. Entity Name  
**BRIAN FINKE DPM RA**



**DO NOT WRITE IN THIS SPACE**

**14015839**

2. Principal Place of Business  
**8261 W. Sunrise Blvd**  
Suite, Apt. #, etc.

3. Mailing Address  
**7144 NOB Hill Rd**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PLANTATION FL**  
Zip  
**33322** Country  
**Broward**

City & State  
**TAMPA, FL**  
Zip  
**33321** Country  
**BROWARD**

4. FEI Number  
**59-2232524** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Brian David Finke**  
Street Address (P.O. Box Number is Not Acceptable)  
**7144 NOB Hill Rd**  
City  
**TAMPA** FL Zip Code  
**33321**

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINKE, BRIAN DAVID</b> <b>1508 NW 112TH WAY</b> <b>CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FINKE, BARBARA JOAN</b> <b>1508 NW 112TH WAY</b> <b>CORAL SPRINGS, FL 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Brian Finke**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04** **954-7927759**  
Date Daytime Phone #

CR2E034B (12/02)