

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90164 024 \*\*\*150.00

## DOCUMENT #

1. Entity Name

P98000044588

Stephanie Finley, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1435 NE 39<sup>th</sup> Street

3. Mailing Address

1435 NE 39<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Oakland Park, FL

City Oakland Park, FL

Zip 33334

Country

Zip 33334

Country

4. FEI Number 59-3529172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stephanie Finley

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

1435 NE 39<sup>th</sup> Street

City

Oakland Park

FL

Zip Code 33334

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

*Stephanie Finley*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/24/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 to May 1 Fee \$150.00  
Annual Fee \$250.00  
Annual Report Fee \$25.00  
Late Fee \$10.00 per day  
Info Check Page 10 of 10

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	PSD Stephanie Finley 1435 NE 39 <sup>th</sup> Street Oakland Park, Florida 33334
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**DO NOT WRITE  
IN THIS SPACE**

05/13/2002 1435/1

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 all other like empowered.

SIGNATURE:

*Stephanie Finley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02

Date

Daytime Phone #