

## 2000 UNIFORM BUSINESS REPORT (UBR)

1/26

FILED

Apr 28, 2000 8:00 am  
Secretary of State

01-26-2000 90126 004 \*\*\*150.00

DOCUMENT # P99000010828

1. Entity Name

THE FINAL D, INC.

Principal Place of Business

206 B HWY A1A  
P.O. BOX 372148  
SATELLITE BEACH FL 32937

Mailing Address

206 B HWY A1A  
P.O. BOX 372148  
SATELLITE BEACH FL 32937-0148

2. Principal Place of Business

206 B HWY A1A  
Suite, Apt. #, etc.

3. Mailing Address

148 WOODSIDE DR.  
Suite, Apt. #, etc.

City &amp; State

SATELLITE BCH FL

City &amp; State

MELBOURNE FL

Zip

32937

Country

BREVARD

Zip

32940

Country

BREVARD

4. FEI Number

59-3565001

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAGGIO, JUNE  
148 WOODSIDE DR.  
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / TREASURER <input type="checkbox"/> Delete
NAME	JUNE MAGGIO
STREET ADDRESS	148 WOODSIDE DR
CITY-ST-ZIP	MELBOURNE FL 32940
TITLE	V.P. / SECRETARY <input type="checkbox"/> Delete
NAME	THOMAS CHRISTOPHER ADAMS
STREET ADDRESS	185 AVE D #6
CITY-ST-ZIP	MELBOURNE FL 32901
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

June Maggio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

321-259-271

Daytime Phone #