

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 009 ***158.75

A0070042

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000016328
1. Entity Name
 FIRST IN FINISHES OF TAMPA BAY, INC. ✓

Principal Place of Business **Mailing Address**
 500 OAKWOOD BLVD. (SAME)
 OLDSMAR, FL. 34677

2. Principal Place of Business **3. Mailing Address**
 500 OAKWOOD BLVD. (SAME)
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 OLDSMAR, FL.
Zip **Country** **Zip** **Country**
 34677 PINELLAS

4. FEI Number **Applied For**
 59-3568632 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROBERT A. KLEIN, JR.
 500 OAKWOOD BLVD.
 OLDSMAR, FL. 34677

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE PRESIDENT NAME ROBERT A. KLEIN JR. STREET ADDRESS 500 OAKWOOD DR. CITY-ST-ZIP OLDSMAR, FL. 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SECRETARY/TREASURER NAME REYNOLD J. KLEIN STREET ADDRESS 500 OAKWOOD BLVD. CITY-ST-ZIP OLDSMAR, FL. 34677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert A. Klein, Jr. **ROBERT A. KLEIN, JR.** **7/10/00** **(727) 365-8237**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone #

CR2E034 (9/99)

Attachment
DH P99 000016328
R0070042

TO WHOM IT MAY CONCERN:

ON 6/29/00, I CALLED YOUR OFFICE
TO INFORM THEM THAT I HAD NEVER
RECEIVED THE "2000 UNIFORM BUSINESS REPORT."
CONSEQUENTLY, YOUR REPRESENTATIVE, L. SELLERS,
INFORMED ME THAT A COPY OF THAT REPORT
WOULD BE MAILED TO ME. WHEN I RECEIVED
THE FORMS, I WAS TO FILL OUT ALL THE
INFORMATION, ENCLOSE A CHECK FOR \$150,
AND WRITE A NOTE STATING THAT ORIGINAL
PAPERWORK HAD NEVER BEEN RECEIVED BY
ME.

THANK YOU,

Robert A. Fleming, Jr.