

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90123 031 ***158.75

DOCUMENT # P99000016328

1. Entity Name

FIRST IN FINISHES OF TAMPA BAY, INC.

Principal Place of Business

**500 OAKWOOD BLVD.
 OLDSMAR FL 34677**

Mailing Address

**500 OAKWOOD BLVD.
 OLDSMAR FL 34677**

00052570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

204 MEADOWS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

204 MEADOWS DRIVE

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

Zip

34689

Country

U.S.

Zip

34689

Country

U.S.

4. FEI Number

59-3568632

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEIN, ROBERT
 500 OAKWOOD BLVD.
 OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

ROBERT KLEIN

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

204 MEADOWS DRIVE

City

TARPON SPRINGS

FL

Zip Code

34689

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

Robert A. Klein Jr.

ROBERT A. KLEIN, JR.

4/30/01

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **KLEIN, ROBERT A JR**
 STREET ADDRESS **500 OAKWOOD DR**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **ST** ☐ Delete
 NAME **KLEIN, REYNE J**
 STREET ADDRESS **500 OAKWOOD BLVD**
 CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **ROBERT A. KLEIN, JR.**
 STREET ADDRESS **204 MEADOWS DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS, FL. 34689**

TITLE **ST** ☒ Change ☐ Addition
 NAME **REYNE J. KLEIN**
 STREET ADDRESS **204 MEADOWS DRIVE**
 CITY-ST-ZIP **TARPON SPRINGS, FL. 34689**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (10/00)

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:

Robert A. Klein Jr. (PRES.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(727) 345-9237

Daytime Phone #