

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90974 046 ***150.00

DOCUMENT # P99000042186

1. Entity Name

TECHNIFINISH, INC.



70035103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11333 47th. ST. N.

3. Mailing Address

5095 113th. AVE. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

4. FEI Number

59-3574544

Applied For
Not Applicable

Zip

33762

Country

PINELLAS

Zip

33760

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name EIDSCHUN, JOHN S

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

5095 113th. AVE. N.

City

CLEARWATER

FL

Zip Code 33760

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

**D
EIDSCHUN, JOHN S
5095 113th. AVE. N.
CLEARWATER, FL. 33760**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03
Date

(727) 573-2464
Daytime Phone #

CR2E034B (12/02)