

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S77172**
 1. Entity Name
FACTORY FINISH INC.



FILED
 03 JUL 25 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

900021172 099 **150.00**
6/27/03 61022-007

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1949 OAKRIDGE CT		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State SAME	
Zip 33759	Country U.S.A.	Zip SAME	Country SAME

4. FEI Number
593084092

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **MICHAEL A. HARGETT**

Street Address (P.O. Box Number is Not Acceptable)
1949 OAKRIDGE COURT

City **CLEARWATER** **FL** Zip Code **33759**

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 *Michael A. Hargett* DATE **7-22-03**

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

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	DIRECTOR MICHAEL A. HARGETT 1949 OAKRIDGE COURT CLEARWATER, FL 33759	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Michael A. Hargett* **MICHAEL A. HARGETT** **7-22-03** **727-460-808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)