## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 13, 2002 8:00 am Secretary of State DOCUMENT # V25887 1. Entity Name FINLEY & ASSOCIATES, P.A. 05-13-2002 90126 038 \*\*\*150.00 Principal Place of Business Mailing Address -1645 PALM-BEACH-LAKES -1645 PALM BEAGH LAKES-SUITE-520 SHITE 520 W-PALM-BEACH-FL-33401 W PALM-BEACH FL 83401-2. Principal Place of Business 3. Mailing Address **1**645 Palm Beach Lakes \_1.645¿Palm Beach Lakes Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 460 City & State Palm Beach, W. Palm Beach, FL 4. FEI Number Applied For 65-0316806 Not Applicable Country USA Country USA 33401 <sup>Zig</sup> 3401 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Finley. Chandler R. FINLEY, CHANDLER R. Street Address (P.O. Box Number is Not Acceptable) B.1 vd. 1045 PALM BEACH LAKES BLVD. STE: 520 Suite 460 W PALM BEACH FL 33401 City W. Palm Beach 33461--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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete D/P TITLE XX Change ☐ Addition FINLEY, CHANDLER R. NAME NAME <u>6</u> Chandler R. Finley, Esq. 1645 PALM BEACH LAKES BLVD., STE 520 STREET ADDRESS STREET ADDRESS 1645 Palm Beach Lakes Blvd., W PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-7IP <u>Palm B</u>each, FL 33401 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Contibba Contibba NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR DATE PROPER PROPER PROPER PROPER PROPER PROPERTY DATE OF DISTRICT PROPERTY DATE OF DATE