

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V56784**

1. Entity Name
FINISHING TOUCH BUILDERS SUPPLY, INC.

Principal Place of Business Mailing Address
~~3031 FORTUNE WAY~~ **2724 SHAWNEE AVE** ~~3031 FORTUNE WAY~~ **SA**
~~WEST PALM BEACH FL 33411~~ ~~33409~~ ~~WEST PALM BEACH FL 33414~~
US 33409

2. Principal Place of Business 3. Mailing Address
SA A. **2724 Shawnee Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WPA FL
 Zip Country Zip Country
33401 USA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 17 PM 1:21



REINSTATEMENT (DO NOT WRITE IN THIS SPACE)

4. FEI Number **65-0351059** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WEINBERG, STEVEN A.
8000 PETERS ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **Steven A. Weinberg**
 Street Address (P.O. Box Number is Not Acceptable)
7805 S.W. 6th Court
 City **Plantation FL** Zip Code **33324**

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 **Steven A. Weinberg** DATE **12/12/01**
(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 \$550.00**
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLING, CATHY	NAME	300004743143-9
STREET ADDRESS	3031 FORTUNE WAY A-17	STREET ADDRESS	-12/28/01--01078--019
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	****750.00 ****750.00
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLING, TERRY	NAME	
STREET ADDRESS	3031 FORTUNE WAY A-17	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]** DATE: **11-12-01** 561-6880828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0074080 AV

CR2E034 (5/01)