

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014118 FP

FILED

03 APR 23 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000132575

1. Entity Name
CONNELL & COMPANY, INC.



Principal Place of Business
6074 WESTBOROUGH DRIVE
NAPLES FL 34112

Mailing Address
6074 WESTBOROUGH DRIVE
NAPLES FL 34112



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-0952049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNELL, JANET M
6074 WESTBOROUGH DRIVE
NAPLES FL 34112

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Connell, Thomas W. 6074 Westbrough Drive Naples FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Connell, Mark T. 13180 Corbel Circle #728 Fort Myers FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary-Treasurer Connell, Janet M. 6074 Westbrough Drive Naples FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
600016986996 04/25/03--01009--016 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet M Connell* SIGNATURE REQUIRED Janet M Connell

4-14-03 (239) 775-1297

Date

Daytime Phone #

CR2E034 (10/02)