

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90247 026 ***150.00

DOCUMENT # P02000026335

1. Entity Name
CONTE & ASSOCIATES INC.



Principal Place of Business
6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433

Mailing Address
6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433

2. Principal Place of Business
8340 W. LAKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
8340 W. LAKE DRIVE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LAKE CLARK SHORES, FL
Zip 33403
Country Palm Beach

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4. FEI Number 45-0471894
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONTE, PATRICIA M
6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Conte, Patricia M.
Street Address (P.O. Box Number is Not Acceptable) 8340 W. LAKE DRIVE
City LAKE CLARK SHORES **FL** **Zip Code** 33403

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 *Patricia M. Conte* **PATRICIA M. CONTE, Owner** **4/21/03**
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

TITLE PVST ☐ Delete
NAME CONTE, PATRICIA M
STREET ADDRESS 6431 BRIDGEWOOD TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE D ☐ Delete
NAME CONTE, PATRICIA M
STREET ADDRESS 6431 BRIDGEWOOD TERRACE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8340 W. LAKE DRIVE
CITY-ST-ZIP LAKE CLARK SHORES, FL 33403

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8340 W. LAKE DRIVE
CITY-ST-ZIP LAKE CLARK SHORES, FL 33403

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Patricia M. Conte* **PATRICIA M. CONTE, Owner** **4/21/03** **561-721-1979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)