

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 001 ***150.00

DOCUMENT # P02000004876

1. Entity Name

Convos, Inc.



DO NOT WRITE IN THIS SPACE

10090950

2. Principal Place of Business

303 A1A Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Address

34 Lee Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

26-0033579

Applied For

Not Applicable

Zip

32080

Country

Zip

32080

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Charles E. Hall, PhD

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

77 Almeria Street

City

St. Augustine

FL

Zip Code

32084

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 reissuing)

DATE

4/23/03

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 PT Bernard W. F. Dagevos
NAME 34 Lee Drive
STREET ADDRESS St. Augustine, FL 32080
CITY-ST-ZIP

TITLE VS Cynthia A. Dagevos
NAME 34 Lee Drive
STREET ADDRESS St. Augustine, FL 32080
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Cynthia Dagevos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

904-474-2004

Daytime Phone #

CR2E034B (12/02)