

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90018 029 ***150.00

0387104

DOCUMENT # 389062
 1. Entity Name
JACOB CONGER, INC.

Principal Place of Business Mailing Address
RT 30, 18603 EVERGREEN RD., S.E. **RT 30, 18603 EVERGREEN RD., S.E.**
FORT MYERS FL 33912 **FORT MYERS FL 33912**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1364796** Applied For
 Not Applicable

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

A0006822



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CONGER, JACOB
RT. 30, 18603 EVERGREEN RD., S.E.
FT. MYERS FL 33912

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGER, JACOB		NAME		
STREET ADDRESS	RT 30, 18603 EVERGREEN		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGER, F L		NAME		
STREET ADDRESS	RT 30, 18603 EVERGREEN		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGER, JACOB		NAME		
STREET ADDRESS	RT 30, 18603 EVERGREEN		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRING, SHANE		NAME		
STREET ADDRESS	19771 ADAMS ROAD		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS 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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE: J. Conger Date: 1-10-01 Daytime Phone #: 941-267-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)