

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 433357**1. Entity Name
CONSHOR, INC.Principal Place of Business
**PRODUCTION CIRLCE
P.O. BOX 1777
BONITA SPRINGS FL 34133**Mailing Address
**PRODUCTION CIRLCE
P.O. BOX 1777
BONITA SPRINGS FL 34133**

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 **59-1479838**

Applied For

Not Applicable

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

**HUNTER, ALICE L
4672 KEY LARGO LANE
BONITA SPRINGS FL 33942**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
UMLOR, CHARLES
575 CYPRESS WAY
NAPLES FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUNTER, ALICE
4672 KEY LARGO LANE
BONITA SPRINGS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TRASK, KENNETH N
356 SHARWOOD DRIVE
NAPLES FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VEKASI, MICHAEL E
1818 PRINCESS CT
NAPLES FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WHEELER, KEVIN L
19879 BEAULIEU CT
FT MYERS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMALTZ, GENE W
13180 HAMILTON HARBOR DR
NAPLES FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**25290 Divot Drive
Bonita Springs FL 34135** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**15960 Bayside Pointe West #404
Fort Myers FL 33908** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth N Trask**04-30-2001****(941) 992-3720**

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90204 026 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)