

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90104 036 ***150.00

DOCUMENT # 433357

1. Entity Name
CONSHOR, INC.

Principal Place of Business
PRODUCTION CIRCLE
P.O. BOX 1777
BONITA SPRINGS FL 34133

Mailing Address
PRODUCTION CIRCLE
P.O. BOX 1777
BONITA SPRINGS FL 34133

2. Principal Place of Business
24260 Production Circle
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1777
 Suite, Apt. #, etc.

City & State
Bonita Springs, FL
 Zip
34135
 Country
U.S.A.

City & State
Bonita Springs, FL
 Zip
34133
 Country
USA

4. FEI Number **59-1479838**
 Applied For
☐ Not Applicable

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

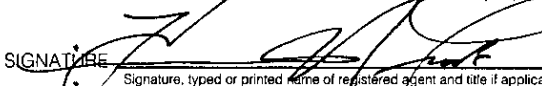
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Kenneth N. Trask**
 Street Address (P.O. Box Number is Not Acceptable)
365 Sharwood Drive
 City **Naples** **FL** Zip Code **34110**

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  **Kenneth N. Trask, President** **4-30-02**
 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, 2002 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	UMLOR, CHARLES	
STREET ADDRESS	25290 DIVOT DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, ALICE	
STREET ADDRESS	4672 KEY LARGO LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRASK, KENNETH N	
STREET ADDRESS	356 SHARWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WHEELER, KEVIN L	
STREET ADDRESS	15960 BAYSIDE POINT WEST, #404	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 power like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **Kenneth N. Trask, Pres.** **4-30-02** **(239) 992-3720**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)