

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90159 015 ***150.00

DOCUMENT # 547528

1. Entity Name
JOHN P. CONDON, CORPORATION



Principal Place of Business
~~BEACHFRONT CONDO~~
194 TURTLE CREEK DRIVE
TEQUESTA FL 33469
US

Mailing Address
~~BEACHFRONT CONDO~~
194 TURTLE CREEK DRIVE
TEQUESTA FL 33469
US

2. Principal Place of Business
194 Turtle Creek Dr
Suite, Apt. #, etc.

3. Mailing Address
194 Turtle Creek Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Tequesta, FL
Zip
33469 Country
USA

City & State
Tequesta, FL
Zip
33469 Country
USA

4. FEI Number **59-1891223**
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

CONDON, JOHN P JR
194 TURTLE CREEK DRIVE
TEQUESTA FL 33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **2/24/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CONDON JR, JOHN P.	
STREET ADDRESS	194 TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONDON, PETER J.	
STREET ADDRESS	10263 GRADY BLVD. N. #1915	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONDON, CHRISTINE A	
STREET ADDRESS	3255 ELAINE LANE #1011	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONDON, CHRISTA M	
STREET ADDRESS	194 TURTLE CREEK DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Condon, Christine A	
STREET ADDRESS	7763 Enderby Ave	
CITY-ST-ZIP	Jacksonville, FL 32244	
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		

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: *[Signature]* Pres. **2/24/03** **561-575-2928**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)