## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 549214** 1. Entity Name ALLAN AND CONRAD, INC. 04-17-2001 90121 034 \*\*\*150.00 Mailing Address Principal Place of Business 1280 PALMETTO AVENUE 1280 PALMETTO AVENUE WINTER PARK FL 32789-4914 WINTER PARK FL 32789-4914 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1766461 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DeLany, Robert A. CONRAD, ROBERT, S Street Address (P.O. Box Number is Not Acceptable) 1280 PALMETTO AVENUE WINTER PARK FL 32789 1280 Palmetto Ave. City Winter Park 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME SHELT. STEVEN L NAME 1044 Burnett St. STREET ADDRESS 13624 BLUEWATER CIRCLE STREET ADDRESS Oviedo, FL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 ☐ Addition XI Change ☐ Delete TITLE DELANY, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 228 QUAIL CIRCLE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change Addition TITLE Delete NAME CONRAD, ROBERT S NAME STREET ADDRESS 1280 PALMETTO-AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 received or trustee empowered to effect 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.

CITY-ST-ZIP

SIGNATURE:

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR