

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 586003

1. Entity Name

CONROY SOD, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 012 ***150.00

Principal Place of Business

Mailing Address

1664 TEMPLE TERRACE
N FT MYERS FL 33917
US

1664 TEMPLE TERR.
NORTH FORT MYERS FL 33917-3950

2. Principal Place of Business

3. Mailing Address

1664 TEMPLE TERR

1664 TEMPLE TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N. FT. MYERS FL

N. FT. MYERS FL

City & State

City & State

33917

33917

Zip

Country

USA

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1923903

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

CONROY, J. A.
1664 TEMPLE TERRACE
NORTH FORT MYERS, FL. DM 33917

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, 2000 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 PD
NAME CONROY, J. A.
STREET ADDRESS 1664 TEMPLE TERR
CITY-ST-ZIP N. FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME CONROY, BESSOLENE
STREET ADDRESS 1664 TEMPLE TERR
CITY-ST-ZIP N. FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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:

John A. Conroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

Daytime Phone #