

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90066 044 ***158.75

DOCUMENT # 629937

1. Entity Name

CONE & GRAHAM, INC.



Principal Place of Business

5201 CONE ROAD
P.O. BOX 310167
TAMPA FL 33610
US

Mailing Address

5201 CONE ROAD
P.O. BOX 310167
TAMPA FL 33610
US

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

59-1925201

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONE, DOUGLAS P
5201 CONE ROAD
TAMPA FL 33610

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-4-03

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 CD ☐ Delete
NAME CONE, DOUGLAS P
STREET ADDRESS 5201 CONE ROAD
CITY-ST-ZIP TAMPA FL

TITLE EXECUTIVE VP ☐ Change ☒ Addition
NAME DAVID J. TOZLOSKY
STREET ADDRESS 5201 CONE RD
CITY-ST-ZIP TAMPA 33610

TITLE AS ☐ Delete
NAME LEVENS, LINDA E (ASST S)
STREET ADDRESS 5201 CONE ROAD
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ Change ☒ Addition
NAME ARTHUR J. BIRCHALL
STREET ADDRESS 5201 CONE RD
CITY-ST-ZIP TAMPA 33610

TITLE PSTD ☐ Delete
NAME GRAHAM, ROBERT G
STREET ADDRESS 5201 CONE ROAD
CITY-ST-ZIP TAMPA FL

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

TITLE AS ☐ Delete
NAME TOZLOSKY, DAVID J.
STREET ADDRESS 5201 CONE ROAD
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another authorized officer or director.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03

Date

Daytime Phone #

(813) 623-2856

CR2E034 (10/02)