

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90122 004 ****61.25

DOCUMENT # 766842

1. Entity Name

4700 CONWAY BUILDING, INC.



Principal Place of Business

**C/O ANTHONY FRILINGOS
4755 S. CONWAY ROAD
ORLANDO FL 32812**

Mailing Address

**C/O ANTHONY FRILINGOS
4755 S. CONWAY ROAD
ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2676743**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, JAMES
4759 S CONWAY ROAD
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD DANIELS, JIM 4759 S CONWAY RD ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRILINGOS, ANTHONY 4755 S CONWAY ROAD ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURACIO, JOSE DR 4759 S CONWAY RD ORLANDO FL ☐ Delete <i>Gen. #</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESSITORE, JOSEPH 4763 S CONWAY ROAD ORLANDO FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN M. FAHLGREN 4751 S Conway Road Orlando FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

JIM DANIELS Pres 1-7-02 *(407) 2556791*

CR2E037 (10/02)