2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT#

855638

1. Entity Name CONICO, INC.



FILED FiltD Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90186 046 ***150.00

| Principal Place of Business HABITS AGRICATE HABIT SOUND FL 3475-6074 SUITE 100 WAXES BARRE FA 1970-1802 US SUITE 100 WAXES BARRE FA 1970-1802 WIS SUITE 100 WAXES BARRE FA 1970-1802 WIS AGRICATED WAXES BARRE FA 1970-1802 WIS AGRICATED WAXES BARRE FA 1970-1802 WA | | | | | | | GOO WE THE | | | | | |
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| ### SQUID R. 38/15/07 **WAKES-BARRE PA 18702-1802 **US **Suite, Apr. 1. 810: | | | | Mailir | ng Address | | | | | | | |
| WILKES AARDE PA 18702-1802 US 2. Principal Place of Business Suite, Apt. V. etc. Suite, Apt. V. etc. City & State City & FL Zip Code City & FL Zip C | | | | 180 COURTRIGHT ST | | | | | | | | |
| Suite, Apt. #, stot. Suite, Apt. #, stot. Suite, Apt. #, stot. City & State Name Name Name City & State Name City & State City & Sta | HOBE SOUND |) FL 33475-0374 | | | | | | | | | | |
| Suite, Apr. # etc. General Suite | | | | | es-Barre pa 18702 | -1802 | | | | | | |
| Suite, Apr. # etc. General Suite | 8 D' : 15 | | | | | | | | | | | |
| City & Siste Name and Address of Ourrent Registered Agent : Street Address (P.O. Box Number is Not Acceptable) City FL Z p. Code City | 2. Principal F | Place of Busines | 3. Ma | 3. Mailing Address | | | | | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1011 01011 1001 | |
| City & State City & State City & State City & State Country Zip Country Since Address of New Registered Agent : 1 | Suite, Apt. | . #, etc. | Suit | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| Application | | | | | | | | | | | | |
| S. Certificate of Status Desired Fee Required F | City & Stat | te | City | City & State | | | | FEI Number 51-0116104 | | | • | |
| S. Name and Address of Current Registered Agent : | Zip | Country | | | Zip Coun | | try | 5. Certificate of Status Desir | | | | |
| AMES E BELL 3965 SE BRIDGE RD., S-101 HOBE'SOUND FL 33455 ** ** ** ** ** ** ** ** ** | 6. Name and Address of Current B | | | | egistered Agent | | | <u> </u> | | | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | 3 | | |
| BSBS SE BRILLOS FLD, S-101 HOBE SOUND FL 33455 1. 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 | JAMES E. | Bell | | | | | Street Address (DO Day Number is Not Aga | | | | | |
| The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Interest Properties P | 8965 SE (| Bridge Rd., | | Street Addre | | | (P.O. E | sox Number is Not Acceptable) | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature | HOBE SOUND FL 33455 | | | | | | | | | | | |
| 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 displacement of segretared agent. Signature Signatur | | | | | | | City | | | | Zip Cod | e |
| SIGNATURE File NOW!! FEE IS \$150.00 S550.00 Make Check Payable to Florida Department of State S10.00 Make Check Payable to Florida Department of State S10.00 S50.00 S10.00 S | 8. The above | e named entity s | submits this statemer | nt for the purp | oose of changing its | registere | I ed office or registe | ered ag | gent, or both, in the State of Flor | | familiar with, | and accept |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | ine obligal | tions or register | ed agent. | | | | | | | | | |
| After May 1, 2003 Fee will be \$50.00 May Be Make Check Payable to Florida Department of State 10. | SIGNATURE | | printed name of registered a | gent and title if app | plicable. (NOT | E: Registere | d Agent signature require | ed when re | reinstating) | DATE | | |
| After May 1, 2003 Fee will be \$50.00 May Be Make Check Payable to Florida Department of State 10. | F | ILE NOW!!! | FEE IS \$150.00 | | | | | | T | | | - |
| Make Check Payable to Florida Department of State 10. | | | | 00 | | | | | · · · | | | |
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| | | certify that the in | formation supplied s | with this filing | does not qualify for | | | ection | 119 07(3)(i) Florida Statutos Li | urther cor | tify that the in | formation |

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 the empowered.

SIGNATURE: