

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020945 SP

DOCUMENT # **A28304**

1. Entity Name

CONMAR, LTD.

FILED

02 JAN 25 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

63 53RD STREET  
OCEAN  
MARATHON FL 33050

Mailing Address

63 53RD STREET  
OCEAN  
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

38-2251172

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CONLIN, JOHN W  
63 53RD STREET  
OCEAN  
MARATHON FL 33050

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.

DATE

9. Capital Contributions as Shown on record.

**\$8,917.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CONLIN, JOHN W  
PO BOX 97, 63 53RD ST.  
MARATHON FL**

STREET ADDRESS

CITY - ST - ZIP

**500004851365--4**  
**-01/31/02--01082--007**  
**\*\*\*\*152.00 \*\*\*\*152.00**

DOCUMENT #  
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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*23 Jan 02* 305-743-7999

Date

Daytime Phone #

CR2E003 (9/01)