

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90021 012 \*\*\*150.00

715689



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # F98000005097</b>			
1. Entity Name <b>CONRECO, INC.</b>			
Principal Place of Business <b>5203 N. RIVER BLVD. TAMPA FL 33603</b>		Mailing Address <b>5203 N. RIVER BLVD. TAMPA FL 33603-1942</b>	
2. Principal Place of Business		3. Mailing Address <b>4532 W. KENNEDY</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 234</b>	
City & State		City & State <b>TAMPA FL</b>	
Zip	Country	Zip	Country
<b>33609</b>		<b>33609</b>	<b>USA</b>
6. Name and Address of Current Registered Agent  <b>SIMON, JAMES 5203 N RIVER BLVD TAMPA FL 33603</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4532 W. KENNEDY BLVD #134</b> City <b>TAMPA</b> FL Zip Code <b>33609</b>	
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 _____ (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BOESHE, PAULETTE Z 5203 N. RIVER BLVD. TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST SIMON, JAMES E 5203 N RIVER BLVD TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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		Date <b>2/15/00</b> Daytime Phone # <b>617-799-0691</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)