

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006765

1. Entity Name

CONWAY ENTERPRISES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 049 ***150.00

Principal Place of Business

Mailing Address

2425 BAR "C" RD
FL 32754-0086

2425 BAR "C" RD
MIMMS FL 32754-0086

2. Principal Place of Business

2425 BAR "C" RD.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 86
Suite, Apt. #, etc.

City & State

MIMMS, FL.
Zip

Country

32754-0086 BEVARD

City & State

MIMMS, FL.
Zip

Country

32754-0086 BEVARD

4. FEI Number

35-1656608

Applied For

Not Applicable

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

CONWAY, WILLIAM

2425 BAR "C" RD

MIMMS-FL-32754-0086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32754-0086

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS CONWAY, WILLIAM 2425 BAR "C" RD MIMMS FL 32754-0086 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIMMS, FL.
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
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
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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:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2-7-2000

Date

321-268-5522

Daytime Phone #

CR2E034 (9/99)