

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G41660

1. Entity Name

CONE CONSTRUCTORS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90074 027 \*\*\*150.00

Principal Place of Business

Mailing Address

6735 S. LOIS AVE.  
% DORTHA A THOMPSON, P.O. BOX 22869  
TAMPA FL 33616-1625

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% DORTHA A THOMPSON, P.O. BOX 22869  
TAMPA FL 33616-1625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295059

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

THOMPSON, DORTHA A  
6735 SO LOIS AVENUE  
TAMPA FL 33616

Name

Michael L. Cone

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

6735 S. Lois Avenue

Tampa, Florida 33616

City

FL

Zip Code  
33616

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
DST	CONE JR, J L	6735 SO LOIS AVENUE	TAMPA, FL 00000				
DP	CONE, MICHAEL LEE	6735 SO LOIS AVENUE	TAMPA, FL 00000				
DV	CONE, CHRISTOPHER DUANE	6735 SO LOIS AVENUE	TAMPA, FL 00000				
AS	THOMPSON, DORTHA A	6735 S. LOIS AVE.	TAMPA FL 33616-1625				

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

5/1/2000

Date

813-837-2991

Daytime Phone #

CR2E034 (9/99)