

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G67150

1. Entity Name

CONAX FLORIDA CORPORATION

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90046 045 ***150.00

Principal Place of Business

Mailing Address

%ECKHART, JEFFREY. K
2801 75TH ST N
ST. PETERSBURG FL 33710
US

%ECKHART, JEFFREY. K
2801 75TH STREET NORTH
ST. PETERSBURG FL 33710-2936
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1090689

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

HERZIG, STEPHEN A
2801 75TH ST N
ST PETERSBURG FL 33710

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.

(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 P ☐ Delete
NAME ECKHART, JEFFREY K
STREET ADDRESS 737 PINELLAS BAYWAY #108
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE V ☐ Change ☒ Addition
NAME GUENTHARDT, AL
STREET ADDRESS 10621 - 36th Street No.
CITY-ST-ZIP Clearwater, Fl 33762

TITLE S ☐ Delete
NAME LOSI, ROBERT
STREET ADDRESS 2486 STAG RUN
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME NAAB, CARLTON W.
STREET ADDRESS 2126 FLAMINGO RD
CITY-ST-ZIP SAFETY HARBOR FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME NIGH, CLIFFORD
STREET ADDRESS 10154 118TH WAY N
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/5/2000

Date

345-8000

Daytime Phone #

CR2E034 (9/99)