

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71389

1. Entity Name

CONKLIN INVESTMENT PROPERTIES, INC.

FILED

Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90078 047 ***150.00

Principal Place of Business

6252 COMMERCIAL WAY
PMB 215
WEEKI WACHEE FL 34613
US

Mailing Address

6252 COMMERCIAL WAY
PMB 215
WEEKI WACHEE FL 34613-6329
US

B0022904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~6252 COMMERCIAL WAY~~
PO Box 1349

3. Mailing Address

PO Box 1349

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River

City & State

Crystal River, FL

4. FEI Number

59-2347128

Applied For

Not Applicable

Zip

Country

34423 FL

USA

Zip

Country

34423

USA

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

CONKLIN, VICTORIA

~~9438 US 19~~

~~#301~~

~~PORT RICHEY FL 34668~~

New address →

Name

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

267 N.W. 3rd St

City

Crystal River

FL

Zip Code

34423

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	PSTD	<input type="checkbox"/> Delete
NAME	CONKLIN, VICTORIA	
STREET ADDRESS	6252 COMMERCIAL WAY, PMB 215	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 1349	
STREET ADDRESS	Crystal River	
CITY-ST-ZIP	FL 34423	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

352
2-14-00 597-2306

CR2E034 (9/99)