

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90720 049 ***150.00

DOCUMENT # H30076

1. Entity Name
CONARD'S INC.



Principal Place of Business
**670 CLEARWATER - LARGO RD. N.
SUITE C
LARGO FL 33770
US**

Mailing Address
**240 SAND KEY ESTATES DR.
#24
CLEARWATER FL 33767
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2496850**

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

**BARBER, CHARLES F.
1550 HIGHLAND AVE.
CLEARWATER FL 34616**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	AMANN, C BERT, JR	
STREET ADDRESS	240 SAND KEY ESTATES, DRIVE #24	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMANN, CHARLES B III	
STREET ADDRESS	6217 VINEYARD TRACE	
CITY-ST-ZIP	AMELIA OH 44102	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	RODEN, LOREN A	
STREET ADDRESS	6516 COFFEY ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	DREW, MARIA	
STREET ADDRESS	2014 CLERMONTVILLE-LAUREL RD	
CITY-ST-ZIP	NEW RICHMOND OH 45157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33767
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPSD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE
STREET ADDRESS	CLERMONTVILLE-LAUREL RD
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

C. B. AMANN JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. B. AMANN JR 4-4-2003

Date

Daytime Phone #

CR2E034 (10/02)