

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37518

1. Entity Name

~~CONLIN & MACMAHON, P.A.~~

JOHN W. CONLIN, P.A.

Principal Place of Business

% JOHN W. CONLIN
63-53RD STREET, OCEAN
MARATHON FL 33050

Mailing Address

% JOHN W. CONLIN
63-53RD STREET, OCEAN
MARATHON FL 33050

2. Principal Place of Business

63 53rd Street Ocean

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 500097

Suite, Apt. #, etc.

City & State

Marathon, FL 33050

Zip

33050

Country

USA

City & State

Marathon, FL 33050-0097

Zip

33050

Country

USA

4. FEI Number

59-2628291

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONLIN, JOHN W.
63-53RD STREET, OCEAN
MARATHON FL 33050

7. Name and Address of New Registered Agent

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 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, 2001 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

TITLE PD
NAME CONLIN, JOHN W.
STREET ADDRESS 63-53RD STREET, OCEAN
CITY-ST-ZIP MARATHON FL ☐ Delete

TITLE VPD
NAME MACC MAHON, DERMOT P
STREET ADDRESS 63 53RD ST, OCEAN
CITY-ST-ZIP MARATHON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Date

Daytime Phone #

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90072 035 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)