

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H64456

1. Entity Name

CONELCO, INC.

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**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90001 031 \*\*\*150.00

Principal Place of Business

Mailing Address

5529 NORTH CREST VILLAGE DR  
CLARKSTON MI 48346  
US

P.O. BOX 189  
CLARKSTON MI 48347  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2608504

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

CONNOP, EDWARD L.  
659 SE LAKEVIEW DR  
SEBRING FL 33870

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PD  
CONNOP, EDWARD L.  
659 SE LAKEVIEW DR  
SEBRING FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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:

*Edward L. Connop*  
EDWARD L. CONNOP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 17/00 848-922-0261*  
Daytime Phone #

Attachment  
of H64456  
DW 3642

July 17, 2000

Edward L. Connop,  
P. O. Box 189,  
Clarkston, Mi., 48347

Florida Department of State,  
Division of Corporations,  
P. O. Box 6327,  
Tallahassee, Florida, 32314.

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Dear Sirs,

Please be advised that on Saturday, 15<sup>th</sup>, I received my 2000 Uniform Business Report, second notice. It put me somewhat of a state of shock and dismay to see the fee of \$550.00. Obviously, the nearly quadruple amount was the result of my not filing the first notice, which I never received. I made a call to your office explaining this and I was instructed to submit the original amount with a letter of explanation, which I am so doing. Please examine my history of payments to confirm that they have always be timely. This is a very small remnant of a considerably larger business that will be totally phased out in three years, at which time, I will terminate the corporation.

Yours truly,

  
Edward L. Connop

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