

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H75738**

1. Entity Name

CONLEA, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90016 027 ***150.00

Principal Place of Business

**8136 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211**

Mailing Address

**8136 ATLANTIC BOULEVARD
JACKSONVILLE FL 32211**

UUUU4440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2578149**

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

**LEAKE, DARRELL
306 OCEANFRONT
NEPTUNE BEACH FL 32233**

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, 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 | <input type="checkbox"/> Delete |
| NAME | LEAKE, DARRELL | |
| STREET ADDRESS | 306 OCEANFRONT | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CONE, EDDIE D. JR. | |
| STREET ADDRESS | 306 OCEANFRONT | |
| CITY-ST-ZIP | NEPTUNE BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RADICHES, JOHN | |
| STREET ADDRESS | 10555 SERENA DR | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | CONE, VALERIE J | |
| STREET ADDRESS | 306B OCEAN FRONT | |
| CITY-ST-ZIP | NEPTUNE BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 |
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| 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01

Date

(904) 241-7754

Daytime Phone #