

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H80840

Entity Name

CONLEY GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90298 050 ***150.00

Principal Place of Business
 800 CORTEZ RD., W.
 FL 34207

Mailing Address
 800 CORTEZ RD., W.
 BRADENTON FL 34207-1432
 US

843551



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number **59-2646951**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CONLEY, JEFFREY A.
 800 CORTEZ RD., W.
 BRADENTON FL 34207

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
ST- ZIP		STREET ADDRESS	
		CITY-ST- ZIP	
DV CONLEY, ROGER P. 2401 MANATEE AVENUE WEST BRADENTON FL	<input type="checkbox"/> Delete		
D CONLEY, JEFFREY A. 800 CORTEZ ROAD WEST BRADENTON FL	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

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 #

CR2E034 (9/99)