

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J44516**

1. Entity Name  
**CONQUEST COMMUNICATIONS, INC.**



FILED

04 MAR 18 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**25400 US 19 NORTH. STE 162  
CLEARWATER FL 33763  
US**

Mailing Address  
**25400 US 19 NORTH. STE 162  
CLEARWATER FL 33763  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**REINSTATEMENT 03-04**  
☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2741746**

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

**KELLER, MITCHELL S.  
3465 RIDGE BLVD  
PALM HARBOR FL 34684**

Name - **Keller, Mitchell S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2515 Big Pine Dr.**  
City **Holiday** **FL** Zip Code **34691**

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 \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 **D** ☐ Delete  
NAME **KELLER, ROBERT H.**  
STREET ADDRESS **25400 US 19 N 162**  
CITY-ST-ZIP **CLEARWATER FL 33763**

☐ Change ☐ Addition  
**400030729864**  
**03/18/04--01055--017 \*\*\*900.00**

TITLE **P** ☐ Delete  
NAME **KELLER, MITCHELL S.**  
STREET ADDRESS **25400 US 19 N 162**  
CITY-ST-ZIP **CLEARWATER FL 33763**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE:

**Signature Required**  
**2-11-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **727-777-2440**

0136662 AT

CR2E034 (4/03)