

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49808

1. Entity Name

CONBRO DEVELOPMENT CORPORATION

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90128 001 ***450.00

Principal Place of Business

8186 PAYMEADOWS WAY W
JACKSONVILLE FL 32256
US

Mailing Address

8186 PAYMEADOWS WAY W
JACKSONVILLE FL 32256
US

2. Principal Place of Business

8186 BAYMEADOWS WAY W
Suite, Apt. #, etc.

3. Mailing Address

8186 BAYMEADOWS WAY W
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2753168

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

GRAYSON, JANIS K.
8186 PAYMEADOWS WAY W
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

JANIS K SALEM

Street Address (P.O. Box Number is Not Acceptable)

8186 BAYMEADOWS WAY WEST

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 Janis K Grayson Salem
NAME CHANGE ONLY DUE TO MARRIAGE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-3-00

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, 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

11. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **GRAYSON, JANIS K.**
STREET ADDRESS **8186 PAYMEADOWS WAY W**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **JANIS K SALEM**
STREET ADDRESS **8186 BAYMEADOWS WAY W**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE:

Janis K Salem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 904.731.7483

Date

Daytime Phone #

CR2P-034 (9/99)