FILED

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

## May 03, 2001 8:00 am **DOCUMENT # J51457** Secretary of State 1. Entity Name F/V CONQUEST, INC. 05-03-2001 91114 043 \*\*\*150.00 Principal Place of Business Mailing Address C/O BUI VAN NUGYEN C/O BUI VAN NUGYEN 3005 E. 11TH CT. 3005 E. 11TH CT. PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2855071 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name NUGYEN, BUI VAN Street Address (P.O. Box Number is Not Acceptable) 3005 E. 11TH CT. PANAMA CITY FL 32401 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ■ Addition TITLE NGUYEN, NGAN VAN NAME NAME STREET ADDRESS 3906 E 14TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 TITLE ☐ Change Addition TITLE ☐ Delete NGUYEN, BUI VAN NAME NAME STREET ADDRESS STREET ADDRESS 3005 E 11TH CT CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 . □ Defete \_ 5\_ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

Voguser Bu

Nguyen 4270

850-785-595

Daytime Phone #