

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L47350

FILED  
Mar 28, 2003  
Secretary of State

Entity Name: FRED CONE CONSTRUCTION, INC.

## Current Principal Place of Business:

C/O FREDERICK M. CONE  
2248 HONTOON ROAD  
DELAND, FL 32720

## New Principal Place of Business:

FRED CONE CONSTRUCTION, INC.  
4602 SW 35TH STREET, SUITE 500  
ORLANDO, FL 32811

## Current Mailing Address:

C/O FREDERICK M. CONE  
2248 HONTOON ROAD  
DELAND, FL 32720

## New Mailing Address:

FRED CONE CONSTRUCTION, INC.  
4602 SW 35TH STREET, SUITE 500  
ORLANDO, FL 32811

FEI Number: 59-2986713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONE, FREDERICK M.  
2248 HONTOON ROAD  
DELAND, FL 32720 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CONE, FREDERICK M  
Address: 2248 HONTOON ROAD  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: FONTAINE, BRIAN  
Address: 3620 ROSSWOOD DR  
City-St-Zip: ORLANDO, FL 32806

Title: V ( ) Delete  
Name: TERWILLIGER, DAVID  
Address: 4427 GATLIN GROVE DR.  
City-St-Zip: ORLANDO, FL 32812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: FONTAINE, BRIAN  
Address: 3624 BLISS AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: V (X) Change ( ) Addition  
Name: TERWILLIGER, DAVID  
Address: 3174 WHISPERWIND DRIVE  
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDERICK M. CONE

PD

03/28/2003

Electronic Signature of Signing Officer or Director

Date