

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000392

1. Entity Name

DOUGHERTY & CONROY, L.L.C.

Principal Place of Business

225 W. 24TH STREET
NORTH WILWOOD NJ 08260

Mailing Address

225 W. 24TH STREET
NORTH WILWOOD NJ 08260-2527

2. Principal Place of Business

5770 W. IRLO BRONSON Hwy.

3. Mailing Address

Suite, Apt. #, etc.

City & State

KISSIMEE, FLA.

City & State

Zip

34746

Country

USA

Country

4. FEI Number

22-3638148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
236 E. 6TH AVENUE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM CONROY, GARY N ☐ Delete
STREET ADDRESS 610 W. BURK AVENUE
CITY - ST - ZIP WILWOOD NJ 08260

TITLE NAME MGRM DOUGHERTY, SEAN P ☐ Delete
STREET ADDRESS 225 W. 24TH STREET
CITY - ST - ZIP NORTH WILWOOD NJ 08260

TITLE NAME MGRM DOUGHERTY, EDWARD J ☐ Delete
STREET ADDRESS 225 W. 24TH STREET
CITY - ST - ZIP NORTH WILWOOD NJ 08260

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 500003264813 ☐ Change ☐ Addition
STREET ADDRESS -05/24/00--01042--032
CITY - ST - ZIP *****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

4/28/00

Daytime Phone #

CR2E083 (9/99)