2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P0000001226 1. Entity Name CONROY & COMPANY, INC. 04-27-2001 90240 012 ***150 00 Mailing Address Principal Place of Business 1424 PINE GLEN LN., UNIT B1 1424 PINE GLEN LN., UNIT B1 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOLFE, RANDOLPH J Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST., STE. 2200 **TAMPA FL 33602** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE □ Delete TITLE D Teresa dread NAME CONROY, TERESA NAME DONNAY 008 rancioop STREET ADDRESS STREET ADDRESS 1424 PINE GLEN LN., UNIT B1 CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Addition Change ☐ Delete TITLE TITLE John concoy NAME NAME ONROY, JOHN P 800 Spring Payer STREET ADDRESS STREET ADDRESS 1424-PINE GLEN LN., UNIT B1 CITY-ST-ZIP -CITY=ST=ZIP= TARPON SPRINGS FL 34689 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa Conro

4 |24 |200 | 407-566-86

Daytime Phone #

CR2E034 (10/00)

☐ Addition