

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State
 04-25-2002 90017 027 ***150.00

DOCUMENT # P00000001226

1. Entity Name
CONROY & COMPANY, INC.

Principal Place of Business

**800 SPRING PARK LOOP
 CELEBRATION FL 34747
 US**

Mailing Address

**800 SPRING PARK LOOP
 CELEBRATION FL 34747
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3620725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, RANDOLPH J
~~201 N. FRANKLIN ST., STE. 2200~~
~~TAMPA FL 33602~~

Name **F+L Corp.**
 Street Address (P.O. Box Number is Not Acceptable)
200 Laura St. north 3rd Floor
 City **Jacksonville, FL** Zip Code **32202**

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 *Charles V. Hedrick*
 Signature, typed or printed name of registered agent and title if applicable.

By: *Charles V. Hedrick, Authorized Signatory*
 (NOTE: Registered Agent Signature required when reinstating) DATE **4/12/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
 NAME **CONROY, TERESA**
 STREET ADDRESS **800 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **PVP** ☐ Delete
 NAME **CONROY, JOHN P**
 STREET ADDRESS **800 SPRING PARK LOOP**
 CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/02 407866-8669

CR2E034 (9/01)