

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

0124518 AV

03-12-2003 90104 023 ***150.00

DOCUMENT # P00000048550

1. Entity Name
KATHY CONTI AGENCY, INC.



Principal Place of Business
**5030 MINTON RD NW
PALM BAY FL 32907**

Mailing Address
**5030 MINTON RD NW
PALM BAY FL 32907**



2. Principal Place of Business
2351 W. EAU GALLIE BLVD

3. Mailing Address
2351 W. EAU GALLIE BLVD

Suite, Apt. #, etc.
SUITE #3

Suite, Apt. #, etc.
SUITE #3

CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE FL

City & State
MELBOURNE, FL

4. FEI Number
59-3643563

Applied For
 Not Applicable

Zip
32935

Country
USA

Zip
32935

Country
USA

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

**THOMAS P. FLAVIN, CPA
330 5TH AVE.
INDIALANTIC FL 32903**

| | |
|--|--------------------|
| 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CONTI, KATHLEEN F 5965 NEWBURY CIRCLE MELBOURNE FL 32940 | <input type="checkbox"/> Delete |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shackleton Contingent* **REQUIRED** 3-10-03 321-676-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)