

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000100760

FILED
Jan 06, 2003
Secretary of State

Entity Name: THE CONRAD GROUP, INC.

Current Principal Place of Business:

5645 LA GORCE DR
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5645 LA GORCE DR
MIAMI BEACH, FL 33140

New Mailing Address:

PO BOX 403072
MIAMI BEACH, FL 33140

FEI Number: 65-1055241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONRAD, BRENT CHANDLER
5645 LA GORCE CT
MIAMI, FL 33140 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: D () Delete
Name: CONRAD, BRENT CHANDLER
Address: 5645 LA GORCE DR
City-St-Zip: MIAMI, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONRAD, BRENT CHANDLER
Address: 5645 LA GORCE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Change (X) Addition
Name: CONRAD, JEANNE D
Address: 5645 LA GORCE DR.
City-St-Zip: MIAMI BEACH, FL 33140

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: BRENT CHANDLER CONRAD

D

01/06/2003

Electronic Signature of Signing Officer or Director

Date