FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90032 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006422

1. Entity Name

A.B..CONNOR & ASSOCIATES, INC

DO NOT WRITE IN THIS SPACE

851054

2. Principal Place of Business	3. Mailing Address
4104 A1A SOUTH	4104 A1A SOUTH
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ST AUGUSTINE FL	City & State: ST AUGUSTINE FL
Zip: 32080 Country: ST JOHNS	Zip: 32080 Country: ST JOHNS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3696381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: MAY, RICHARD H

Street Address (P.O. Box Number is Not Acceptable): 431 STOWE AVE

City: ORANGE PARK FL Zip Code 32073

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D	CONNOR, A B 4104 A1A SOUTH ST AUGUSTINE FL 32080
	SMITH, ERIN 4104 A1A SOUTH ST AUGUSTINE FL 32080

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amy B Connor, Officer 4/30/02 (904) 461-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #