

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90154 014 ***150.00

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DOCUMENT # P01000056888

1. Entity Name
CONCH, INC.



Principal Place of Business
**1900 N.W. CORPORATE BLVD., STE. 201
EAST BUILDING
BOCA RATON FL 33431**

Mailing Address
**1900 N.W. CORPORATE BLVD., STE. 201
EAST BUILDING
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address
13700 BLUE FOX PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH GARDENS, FL.

Zip

Country

Zip

Country

33418

U.S.A.

4. FEI Number **80-0022618**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JAMES, TAUBE
1079 A1A NORTH
EAST BUILDING
JUPITER FL 33477**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	TAUBE, JAMES	
STREET ADDRESS	C/O JETTY'S 1075 A-1-A NORTH	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-03

Date

561-6240225

Daytime Phone #

CR2E034 (10/02)