

FILED
Jun 30, 2002 8:00 am
Secretary of State

04-18-2002 90573 001 ***300.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000063796

1. Entity Name
CONXSUS, INC.

Principal Place of Business
P. O. BOX 17234
CLEARWATER FL 33762

Mailing Address
P. O. BOX 17234
CLEARWATER FL 33762

95598



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12150 74th Street
Suite, Apt. #, etc.
Largo FL 33773

3. Mailing Address
P.O. Box 17234
Suite, Apt. #, etc.
Clearwater, FL
33762

City & State
Largo, FL
33773
Country
USA

City & State
Clearwater, FL
33762
Country
USA

4. FEI Number
59-3698234
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAXTER, CARYN
12150 74TH ST.
LARGO FL 33773

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

6/24/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
Caryn Baxter
12150 74th St
Largo, FL 33773

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

CR2E004 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 707
639-7852
Daytime Phone #