

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90070 022 \*\*\*150.00

**DOCUMENT # P01000093724**

**1. Entity Name**  
**CONDUIT BODIES & FITTINGS, INC.**

**Principal Place of Business**

**1699 REDWOOD GROVE TERR  
LAKE MARY FL 32746**

**Mailing Address**

**1699 REDWOOD GROVE TERR  
LAKE MARY FL 32746**

**80033629**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**6120 E AGE WATER DA**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**DR 19400 FL**

**City & State**

**4. FE# Number**

**06-16 35716**

**Applied For**

**Not Applicable**

**Zip**  
**32810**

**Country**  
**USA**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SENNELLO, LOUIS  
1699 REDWOOD GROVE TERR  
LAKE MARY FL 32746**

**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 reinstating)

**DATE**

**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** **DP** ☐ Delete  
**NAME** **SENNELLO, LOUIS**  
**STREET ADDRESS** **1699 REDWOOD GROVE TERR**  
**CITY-ST-ZIP** **LAKE MARY FL 32746**

**TITLE** **DST** ☐ Delete  
**NAME** **SENNELLO, JOAN**  
**STREET ADDRESS** **1699 REDWOOD GROVE TERR**  
**CITY-ST-ZIP** **LAKE MARY FL 32746**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-11-02 407-290-2838**

CR2E034 (9/01)