**FILED** 

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

## Mar 12, 2002 8:00 am Secretary of State DOCUMENT # P01000095406 1. Entity Name 03-12-2002 90027 021 \*\*\*150.00 CONNCO, INC. Principal Place of Business Mailing Address 1510 WAKEFIELD OR 1510 WAKEFIELD DR BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address HAVE E 130 13th AVE E. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For ALMETTO ALMETTO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent = 7.- Name and Address of New Registered Agent -RODRIGUEZ. DIORIS Street Address (P.O. Box Number is Not Acceptable) 1510 WAKEFISLD DR **BRANDON FL 33511** City Zip Code F١ 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) Delete TITLE TITLE Addition NAME NAME 1130 13TH AVE E. CR2E034 STREET ADDRESS STREET ADDRESS PALMETTO, FL. 34 221 SHARON DAKSFORD (Sec. 0. TR.) 1/30 /3th AVE E CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete -THILE TITLE Change - E Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP 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