

2002 UNIFORM BUSINESS REPORT (UBR)

5/8/2

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-08-2002 90108 049 ***150.00

DOCUMENT # P01000097875

1. Entity Name

CONEY & ASSOCIATES CONSULTING, INC.

Principal Place of Business

P. O. BOX 1058
 LEESBURG FL 34749

Mailing Address

P. O. BOX 1058
 LEESBURG FL 34749

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONEY, BETTYE S
33605 HWY. 468
FRUITLAND PARK FL 34731

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **CONEY, BETTYE S**
 CITY-ST-ZIP **P. O. BOX 1058
 LEESBURG FL 34749**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MORRISSETTE, MELODI C**
 CITY-ST-ZIP **8445 OKEECHOBEE BLVD.
 W. PALM BCH FL 33414**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MORRISSETTE, KENNETH**
 CITY-ST-ZIP **8495 OKEECHOBEE BLVD.
 W. PALM BCH FL 33411**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **CONEY, L.C.**
 CITY-ST-ZIP **P. O. BOX 1058
 LEESBURG FL 34749**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **2143 Man of War
 West Palm Beach, FL 33411**
address change only

TITLE ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS **Same**
 CITY-ST-ZIP **2143 Man of War
 West Palm Beach, FL 33411**
address change only

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

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

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bettye Steven Coney
 April 25, 2002

Date

Daytime Phone #

352-287-5667

CR2E034 (9/01)