

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90144 003 \*\*\*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

**P.O. Box 1058**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Leesburg, FL**

City & State

Zip

**34749**

Country

**USA**

City & State

Zip

Country

City & State

Zip

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City & State

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE: **VD** ☐ Delete  
NAME: **MORRISSETTE, MELODI C**  
STREET ADDRESS: **2143 MAN OF WAR**  
CITY-ST-ZIP: **WEST PALM BEACH FL 33411**

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

TITLE: **SD** ☐ Delete  
NAME: **MORRISSETTE, KENNETH**  
STREET ADDRESS: **2143 MAN OF WAR**  
CITY-ST-ZIP: **WEST PALM BEACH FL 33411**

TITLE: **V/S** ☒ Change ☐ Addition  
NAME: **Morrisette, Melodi C**  
STREET ADDRESS: **2143 Man of War**  
CITY-ST-ZIP: **West Palm Beach, FL 33411**

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

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

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

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS: ☐ Change ☐ Addition  
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TITLE: ☐ Delete  
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STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

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

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: **Bettye S Coney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 20, 2003 352-787-5667**  
Date Daytime Phone #

CR2E034 (10/02)