


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90324 015 \*\*\*150.00

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<b>DOCUMENT #</b> P02000024746	
<b>1. Entity Name</b> CONWAY COMPANY OF ST. PETERSBURG, INC.	

<b>Principal Place of Business</b> <del>6774 36TH AVE NORTH</del> ST PETERSBURG FL 33710-1529	<b>Mailing Address</b> <del>6774 36TH AVE NORTH</del> ST PETERSBURG FL 33710-1529
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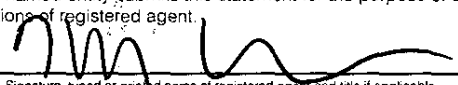
<b>2. Principal Place of Business</b> 1434 18th Aven	<b>3. Mailing Address</b> 1434 18th Aven
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> St. Petersburg FL	<b>City &amp; State</b> St. Petersburg FL	<b>4. FEI Number</b> 010644158	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b> 33704	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> CONWAY, MICHAEL <del>6774 36TH AVE NORTH</del> ST PETERSBURG FL 33710-1529	<b>7. Name and Address of New Registered Agent</b> Name 1434 18th Aven Street Address (P.O. Box Number is Not Acceptable) City St. Petersburg FL 33704
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**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**  **DATE** 4/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> CONWAY, MICHAEL		<b>NAME</b> 1434 18th Aven	Address only
<b>STREET ADDRESS</b> 6774 36TH AVE NORTH		<b>STREET ADDRESS</b> St. Pete, FL 33704	
<b>CITY-ST-ZIP</b> ST PETERSBURG FL 33710-1529		<b>CITY-ST-ZIP</b> St. Pete, FL 33704	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>STREET ADDRESS</b> CITY-ST-ZIP	

**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:**  **DATE** 4/1/03 **Daytime Phone #** 727-821-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)