

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90247 026 ***150.00

DOCUMENT # P02000026335



1. Entity Name
CONTE & ASSOCIATES INC.

Principal Place of Business
**6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433**

Mailing Address
**6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433**



2. Principal Place of Business
8340 W. LAKE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
8340 W. LAKE DRIVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE CLARK SHORES, FL
Zip
33403
Country
Palm Beach

City & State
LAKE CLARK SHORES, FL
Zip
33403
Country
PALM BEACH

4. FEI Number **45-0471894**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CONTE, PATRICIA M
6431 BRIDGEWOOD TERRACE
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent
Name
Conte, PATRICIA M.
Street Address (P.O. Box Number is Not Acceptable)
8340 W. LAKE DRIVE
City **LAKE CLARK SHORES FL** Zip Code **33403**

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 *Patricia M. Conte* **PATRICIA M. CONTE, Owner** **4/21/03**
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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST CONTE, PATRICIA M 6431 BRIDGEWOOD TERRACE BOCA RATON FL 33433 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CONTE, PATRICIA M 6431 BRIDGEWOOD TERRACE BOCA RATON FL 33433 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8340 W. LAKE DRIVE LAKE CLARK SHORES, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8340 W. LAKE DRIVE LAKE CLARK SHORES, FL 33403 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia M. Conte* **PATRICIA M. CONTE, Owner** **4/21/03** **561-721-1979**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MANATEE AV

CR2E034 (10/02)