

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90186 034 ***150.00

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DOCUMENT # P02000048283

1. Entity Name
CONANT ENTERPRISES, INC.



Principal Place of Business
30 ARDLUSSA STREET
UMATILLA FL 32784

Mailing Address
POST OFFICE BOX 660
UMATILLA FL 32784



2. Principal Place of Business

3. Mailing Address

10515 Cypress Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Leesburg, FL

Zip

Country

34788

U.S.

4. FEI Number

04-3659140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONANT, PHILIP B
30 ARDLUSSA STREET
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name: *Conant, Philip B.*

Street Address (P.O. Box Number is Not Acceptable)

10515 Cypress Rd

Leesburg

City

FL

Zip Code

34788

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)

4/14/03

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 **PST** ☒ Delete
NAME **CONANT, PHILIP B**
STREET ADDRESS **30 ARDLUSSA STREET**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **Conant, Philip B.**
STREET ADDRESS **10515 Cypress Rd.**
CITY-ST-ZIP **Leesburg, FL 34788** *(Change of address only)*

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)