FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 18 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063881

1. Entity Name

Conti Group Holdings of Florida, Inc.

DO NOT WRITE IN THIS SPACE

400013925924
03/11/03--01063--006 **158.75

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03

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
2760 South Ocean Blvd.	2760 South Ocean Blvd.	52-2366086	Not Applicable
Suite, Apt. #, etc.: Unit 406	Suite, Apt. #, etc.: Unit 406		
City & State: Palm Beach, Florida	City & State: Palm Beach, Florida		
Zip: 33480 Country: USA	Zip: 33480 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name: James M. Conti

Street Address (P.O. Box Number is Not Acceptable): 2760 South Ocean Boulevard Unit 406

City: Palm Beach FL Zip Code: 33480

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P		
NAME	James M. Conti		
STREET ADDRESS	2760 South Ocean Blvd., Unit 406		
CITY-ST-ZIP	Palm Beach, FL 33480		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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TITLE			
NAME			
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CITY-ST-ZIP			

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ FEB. 10TH 2003 330-565-3631
SIGNATURE AND TYPED OR PRINTED NAME OF REMAINING OFFICER OR DIRECTOR — Date — Daytime Phone #

BD