

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0033078
AV

DOCUMENT # P02000075550

1. Entity Name

THE CONRAD COMPANY OF LEON COUNTY



FILED

03 APR 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4439 WOODSONG LOOP W
JACKSONVILLE FL 32225

Mailing Address

4439 WOODSONG LOOP W
JACKSONVILLE FL 32225

2. Principal Place of Business

7130 W. TENNESSEE ST
Suite, Apt. #, etc.

3. Mailing Address

7130 W. TENNESSEE ST.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

TALLAHASSEE FL
Zip 32304 Country USA

City & State

TALLAHASSEE FL
Zip 32304 Country USA

4. FEI Number

01-0742595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, RICHARD C
4439 WOODSONG LOOP W
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name RICHARD C FOSTER
Street Address (P.O. Box Number is Not Acceptable)
9203 McDUGAL CT.
City TALLAHASSEE FL Zip Code 32312

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 *Richard C Foster*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/03

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	P FOSTER, RICHARD C 4439 WOODSONG LOOP W JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST FOSTER, PATRICIA W 4439 WOODSONG LOOP W JACKSONVILLE FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	P RICHARD C FOSTER 9203 McDUGAL CT. TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PATRICIA W. FOSTER 9203 McDUGAL CT. TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400018452684 05/07/03--01063--004 **150.00	<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:

Richard C Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03

CR2E034 (10/02)