

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 91036 008 ***150.00

DOCUMENT # P02000085051

1. Entity Name
CONDESCO CORPORATION



Principal Place of Business
**22444 FOUNTAIN LAKES BLVD
ESTERO FL 33928**

Mailing Address
**22444 FOUNTAIN LAKES BLVD
ESTERO FL 33928**



2. Principal Place of Business

22444 FOUNTAIN LKS BLVD
Suite, Apt. #, etc.

3. Mailing Address

22444 FOUNTAIN LKS BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ESTERO, FL

City & State
ESTERO FL 33928

4. FEI Number
11-2304191

Applied For
Not Applicable

Zip
33928 Country
U.S.

Zip
33928 Country
U.S.

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

6. Name and Address of Current Registered Agent

**OCCHIOGROSSO, JAMES J
22444 FOUNTAIN LAKES BLVD
ESTERO FL 33928**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
James J. Occhiogrosso
22444 FOUNTAIN LKS BLVD
ESTERO FL, 33928** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
GERAIDINE McDONNELL
22444 FOUNTAIN LKS BLVD
ESTERO, FL 33928** ☐ Delete

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

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☐ Change ☐ 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:

James J. Occhiogrosso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES OCCHIOGROSSO, PRES

4/20/03 239-498-1546
Date Daytime Phone #

CR2E034 (10/02)