

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90219 005 ***150.00

DOCUMENT # P28910

1. Entity Name

CONLON CONSTRUCTION CO.

Principal Place of Business

**1100 ROCKDALE RD
P O BOX 3400
DUBUQUE IA 52003
US**

Mailing Address

**11000 ROCKDALE RD
P O BOX 3400
DUBUQUE IA 52003
US**

2. Principal Place of Business

3. Mailing Address

1100 Rockdale Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-0655227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CONLON, STEPHEN D.**
STREET ADDRESS **655 SUNST RIDGE**
CITY-ST-ZIP **DUBUQUE IA**

TITLE **VD** ☐ Delete
NAME **CONLON, MICHAEL J.**
STREET ADDRESS **12470 EATON CIRCLE**
CITY-ST-ZIP **DUBUQUE IA**

TITLE **SD** ☐ Delete
NAME **CONLON, TIMOTHY J.**
STREET ADDRESS **1525 PARKWAY**
CITY-ST-ZIP **DUBUQUE IA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Conlon, Stephen D.**
STREET ADDRESS **655 Sunset Ridge**
CITY-ST-ZIP **Dubuque, IA 52003**

TITLE **Vice-President/Treasurer** ☒ Change ☐ Addition
NAME **Conlon, Michael J.**
STREET ADDRESS **1975 S. Grandview**
CITY-ST-ZIP **Dubuque, IA 52003**

TITLE **Vice-President/Secretary** ☒ Change ☐ Addition
NAME **Conlon, Timothy J.**
STREET ADDRESS **480 Wartburg Place**
CITY-ST-ZIP **Dubuque, IA 52003**

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen D. Conlon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/02 (503) 583-1724

Daytime Phone #

CR2E034 (9/01)