

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90489 009 \*\*\*150.00

DOCUMENT # P39272

1. Entity Name

DAVID M. CONANT COMPANY



Principal Place of Business

23 DEERFIELD LANE  
BEACHWOOD OH 44122

Mailing Address

23 DEERFIELD LANE  
BEACHWOOD OH 44122

2. Principal Place of Business

1723 LAKESIDE TERRACE

3. Mailing Address

1723 LAKESIDE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

NORTH FORT MYERS, FL

City & State

NORTH FORT MYERS, FL

4. FEI Number

34-1664953

Applied For

Not Applicable

Zip

33903

Country

USA

Zip

33903

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONANT, JONATHAN D  
2022 HENDRY STREET  
FT MYERS FL 33901

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 CDP  
NAME CONANT, DAVID M.  
STREET ADDRESS 23 DEERFIELD LANE  
CITY-ST-ZIP BEACHWOOD OH ☐ Delete

TITLE CDP  
NAME DAVID M. CONANT ☒ Change ☐ Addition  
STREET ADDRESS 1723 LAKESIDE TERRACE  
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE V  
NAME CONANT, JONATHAN D  
STREET ADDRESS 1717 LAKESIDE TERR  
CITY-ST-ZIP N FORT MYERS FL 33903 ☐ Delete

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

TITLE ST  
NAME CONANT, ELAYNE S.  
STREET ADDRESS 23 DEERFIELD LANE  
CITY-ST-ZIP BEACHWOOD OH ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 239-992-8709

Date

Daytime Phone #

CR2E034 (10/02)