

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90320 037 ***150.00

DOCUMENT # P93000004154

1. Entity Name
CONCAP CORP.

Principal Place of Business

550 BCH. RD.
 320 JOHNS ISLAND
 VERO BEACH FL 32963
 US

Mailing Address

550 BEACH RD.
 320 JOHNS ISLAND
 VERO BEACH FL 32963
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0385858**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

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, 2001 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	D	<input checked="" type="checkbox"/> Delete
NAME	CARUSONE, REGINA	
STREET ADDRESS	101 W 55TH ST APT 9F	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, WILLIAM J	
STREET ADDRESS	55 HIGHLAND RD	
CITY-ST-ZIP	SOUTH KENT CT 06875	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, JOHN L	
STREET ADDRESS	12 DOGWOOD LANE	
CITY-ST-ZIP	WESTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, KEVIN P	
STREET ADDRESS	45 SOUTH BEACH DR	
CITY-ST-ZIP	ROWAYTON CT	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, CHRISTOPHER	
STREET ADDRESS	376 BROADWAY APT 5E	
CITY-ST-ZIP	NEW YORK NY 10053	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, BRIAN I	
STREET ADDRESS	550 BEACH RD #320	
CITY-ST-ZIP	VERO BEACH FL 32963	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keller, Regina Conroy	
STREET ADDRESS	65 East 76th St APT 6B	
CITY-ST-ZIP	N.Y.C. N.Y. 10021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Brian I Conroy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 25 01

Date

56/2848743

Daytime Phone #

CR2E034 (10/00)

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