## 2002 UNIFORM BUSINESS REPORT (UBR)

Signature reol

SIGNATURE:

May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P93000004154 04-24-2002 90344 019 \*\*\*150.00 1. Entity Name CONCAP CORP. Principal Place of Business Mailing Address 550 BCH. RD. 550 BEACH RD. 320 JOHNS ISLAND 320 JOHNS ISLAND VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0385858 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent- \* • CALDWELL, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 756 BEACHLAND BLVD VERO BEACH FL 32963 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be ". Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE (9/01) ☐ Delete TITLE NAME KELLER, REGINA C NAME STREET ADDRESS 65 EAST 76TH ST APT 6B STREET ADDRESS CITY-ST-ZIP NEW YORK CITY NY 10021 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Willowy J. CONROY 274 Sigar Montarle. NAME CONROY, WILLIAM J NAME STREET ADDRESS STREET ADDRESS 55 HIGHLAND RD CITY-ST-ZIP CITY-ST-ZIP SOUTH KENT CT 06875 TITLE: . Delete TITLE ☐ Change ☐ Addition NAME CONROY, JOHN L. NAME STREET ADDRESS 12 DOGWOOD LANE STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP **WESTON CT** TITLE ☐ Delete TITLE ☐ Change ☐ Addition CONROY, KEVIN P NAME NAME STREET ADDRESS **45 SOUTH BEACH DR** STREET ADDRESS CITY-ST-ZIP **ROWAYTON CT** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CONROY, CHRISTOPHER NAME 376 BROADWAY APT 5E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10053** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME CONROY, BRIAN I NAME STREET ADDRESS 550 BEACH RD #320 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 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.

**FILED**