## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 22, 2002 8:00 am § Secretary of State **DOCUMENT #** P93000034642 1. Entity Name 04-22-2002 90314 044 \*\*\*150.00 CONTE ASSET MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 200 SA ORANGE AVE 200 SA, ORANGE AVE STE 1350 STE. 1350 ORLANDO FL 32801 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business <u>1477 W Fairbanks Ave.</u> <u>1477 W Fairbanks Ave</u> Suite, Apt. #, etc. Suite 100 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 100 Applied For 4. FEI Number City & State City & State 59-3184024 Not Applicable Winter Park, FLWinter Park, Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 32789 USA 3**2789**·-USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONTE, VINCENT M Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE. **SUITE 1350** Suite 100 Zin Code 9 ORLANDO FL 32801 Winter Park 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE CEO NAME NAME CONTE, VINCENT STREET ADDRESS STREET ADDRESS 1011 N LAKE SYBELIA DR CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL ☐ Addition X Change Delete TITLE NAME NAME LEDFORD, JOHN E 1477 W Fairbanks Ave. Ste. 100 STREET ADDRESS STREET ADDRESS 200 S. ORANGE AVE STE 1350 CITY-ST-ZIP Winter Park, FL 32789 CITY-ST-ZIP ORLANDO FL 32801 Addition Change TITLE ☐ Delete TITLE NAME NAME STRFET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #