

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90025 046 ***150.00

DOCUMENT # P93000083116

1. Entity Name
SUSAN CONLEY, C.P.A., P.A.

Principal Place of Business 3031 E. COMMERCIAL BLVD. 103 FT LAUDERDALE FL 33308	Mailing Address 3031 E. COMMERCIAL BLVD. 103 FT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5741 NE 19 Terr Suite, Apt. #, etc.	3. Mailing Address 5741 NE 19 Terr Suite, Apt. #, etc.
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City & State Fort Lauderdale FL	City & State Fort Lauderdale FL
Zip 33308	Zip 33308
Country USA	Country USA

4. FEI Number 65-0453937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CONLEY, SUSAN
 3081 E. COMMERCIAL BLVD.
 STE 103
 FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent
 Name **Susan Conley**
 Street Address (P.O. Box Number is Not Acceptable)
5741 NE 19 Terr
 City **Ft Lauderdale FL** Zip Code **33308**

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 *Susan Conley* DATE **1-18-02**
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	<input type="checkbox"/> Delete
NAME CONLEY, SUSAN	
STREET ADDRESS 3081 E. COMMERCIAL BLVD. STE 103	
CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Conley, Susan	
STREET ADDRESS 5741 NE 19 Terr	
CITY-ST-ZIP Fort Lauderdale, FL 33308	
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: *Susan Conley* DATE **1-18-02** DAYTIME PHONE # **954-428-8899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR