

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90086 009 ***150.00

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DOCUMENT # P94000022043

1. Entity Name

CONQUEST TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

95 E. MITCHELL HAMMOCK RD.
 SUITE 200
 OVIEDO FL 32765-4705
 US

95 E. MITCHELL HAMMOCK RD.
 SUITE 200
 OVIEDO FL 32765-4705
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODENBURY, GREGORY P
1908 AYRSHIER PL
OVIEDO FL 32765-6500

Name

Street Address (P.O. Box Number is Not Acceptable)

136 CHERRY CREEK CIRCLE

City

WINTER SPRINGS

FL

Zip Code

32708

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GOODENBURY, GREGORY P.**
 STREET ADDRESS **1908 AYRSHIER PL**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ Change ☐ Addition
 NAME **136 CHERRY CREEK CIRCLE**
 STREET ADDRESS **WINTER SPRINGS, FL 32708**
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **GOODENBURY, MAGGIE**
 STREET ADDRESS **1908 AYRSHIER PL**
 CITY-ST-ZIP **OVIEDO FL**

TITLE ☒ Change ☐ Addition
 NAME **136 CHERRY CREEK CIRCLE**
 STREET ADDRESS **WINTER SPRINGS, FL 32708**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

G.P. GOODENBURY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02
 Date

407-359-1819
 Daytime Phone #

CR2E034 (9/01)