# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072169

1. Entity Name

CONAN, INC.

**FILED**
**May 01, 2000 8:00 am**
**Secretary of State**

05-01-2000 90024 011 ***150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 99 SIXTH ST.. S.W.<br>WINTER HAVEN FL 33880 | P.O. BOX 9498<br>WINTER HAVEN FL 33883-9498 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3282415 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHILTON, CHARLES R<br>99 SIXTH ST., S.W.<br>WINTER HAVEN FL 33880 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 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 PTD<br>NAME ESTES, WILLIAM CODY<br>STREET ADDRESS 3705 20TH STREET<br>CITY-ST-ZIP VERO BEACH FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VPSD<br>NAME CHILTON CHARLES R.<br>STREET ADDRESS 99 SIXTH STREET, S.W.<br>CITY-ST-ZIP WINTER HAVEN FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE VPD<br>NAME ESTES, FAYE DUKES<br>STREET ADDRESS 3705 20TH STREET<br>CITY-ST-ZIP VERO BEACH FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE SD<br>NAME CHILTON, NANCY ESTES<br>STREET ADDRESS 99 SIXTH STREET, S.W.<br>CITY-ST-ZIP WINTER HAVEN FL | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE AS<br>NAME BOGERT, BARBARA<br>STREET ADDRESS 3705 20TH STREET<br>CITY-ST-ZIP VERO BEACH FL | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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 REQUIRED 4/21/00 561-569-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
W.C. Estes, President

CR2E034 (9/99)