

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016199

1. Entity Name

A.M. CONKLIN, INC.

FILED

Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90032 033 ***150.00

Principal Place of Business

3797 ACCESS ROAD S.
ENGLEWOOD FL 34224

Mailing Address

3797 ACCESS ROAD S.
ENGLEWOOD FL 34224-8688

2. Principal Place of Business

Suite, Apt. #, etc.

Englewood

City & State

FL

Zip

34224

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

Englewood

City & State

FL

Zip

34224

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0564382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONKLIN, ALICE M
3797 ACCESS ROAD S.
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name

Conklin, Alice M.

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

3651 S. Access Rd

City

Englewood

FL

Zip Code

34224

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ALICE M CONKLIN	
STREET ADDRESS	3797 S ACCESS ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALICE M CONKLIN	
STREET ADDRESS	3797 S ACCESS ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALICE M CONKLIN	
STREET ADDRESS	3797 S ACCESS ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice M. Conklin	
STREET ADDRESS	3651 S Access Rd	
CITY-ST-ZIP	Englewood FL 34224	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice M. Conklin	
STREET ADDRESS	3651 S Access Rd	
CITY-ST-ZIP	Englewood FL 34224	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice M. Conklin	
STREET ADDRESS	3651 S Access Rd	
CITY-ST-ZIP	Englewood FL 34224	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-00

941-4745834