FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90597 001 ***150.00
05-31-2005 90597 002 *****8.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000074430

1. Entity Name
U. CONROY, INC.

DO NOT WRITE IN THIS SPACE

66020418

2. Principal Place of Business: 4370 SW CHEROKEE ST
Suite, Apt. #, etc.
City & State: PALM CITY, FL
Zip: 34990 Country: MARTIN

3. Mailing Address: 4370 SW CHEROKEE ST
Suite, Apt. #, etc.
City & State: PALM CITY FL
Zip: 34990 Country: MARTIN

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0607031 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JAMES T. CONROY
Street Address (P.O. Box Number is Not Acceptable): 4370 SW CHEROKEE STREET
City: PALM CITY FL Zip Code: 34990

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ May 24th, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P JAMES CONROY 4370 SW CHEROKEE ST PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANK MARCONI 7676 BOBCAT RUN PORT ST LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ May 24, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
Daytime Phone #: 772-419-3006