2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000075269**

1. Entity Name JOHN A. CONIGLIO, CPA, P.A. Principal Place of Rusiness

FILED Apr 27, 2001 8:00 am Secretary of State

04-27-2001 90319 006 ***150.00

e or business	waning Au	uless							
STE 3000 S DAVIE FL 33328 D		4801 S UNIVERSITY DR STE 3000 DAVIE FL 33328			L 1886/1886 (18 1866) BANA BENAT B	1 211 20 14 01 141 1		0 1814 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	00 00004514		plied For t Applicable		
Country	Zip	Zip Cour		5. Certificate of Status Desired \$8.75 Addi		litional			
6. Name and Address of Curi	rent Registered A	gent		7. N	lame and Address of Nev	w Registere	<u>.</u>	<u> </u>	
CONIGLIO, JOHN A				Name Street Address (P.O. Box Number is Not Acceptable)					
STE 3000									
: FL 33328					* II * -	j	Zip Code	e	
named entity submits this stateme	ent for the purpose	of changing its	registered office or reg	stered ag	ent, or both, in the State o	f Florida.			
6									
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	ar ica when re	enstating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee s				_		0 May Be I to Fees	
	AND DIRECTORS		12.	AD	DITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
CONIGLIO, JOHN A 4801 S UNIVERSITY DR STE	3000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
J. W. L. L.		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cnange	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP				Change	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	
	ace of Business #, etc. Country 6. Name and Address of Curr GLIO, JOHN A S UNIVERSITY DR 3000 E FL 33328 named entity submits this statement Signature, typed or printed name of registered or printed is eligible to satisfy its Intan requirement and elects to do so, it and an back) OFFICERS PD CONIGLIO, JOHN A	ace of Business ace of Business 3. Mailing Age of Business 4. etc. City & State of Current Registered Age of Current R	ace of Business ace of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent GLIO, JOHN A S UNIVERSITY DR 3000 E FL 33328 named entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and tille if applicable. (NOTE oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND DIRECTORS PD CONIGLIO, JOHN A 4801 S UNIVERSITY DR STE 3000 DAVIE FL Delete Delete	ARY DR 4801 S UNIVERSITY DR STE 3000 DAVIE FL 33328 3. Mailing Address #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent Name GLIO, JOHN A S UNIVERSITY DR 3000 E FL 33328 City named entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. (NOTE Registered Agent signature to City Indicate the statisty its Intangible equipment and elects to do so. Ita on back) OFFICERS AND DIRECTORS PD CONIGLIO, JOHN A 4801 S UNIVERSITY DR STE 3000 DAVIE FL Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	## ART OR AREA S UNIVERSITY DR STE 3000 DAVIE FL 33328 ## acc of Business	Acc of Business ace of Business 3. Mailing Address If, etc. Country Country Zup Country 3. Certificate of Status Desire 6. Name and Address of Current Registered Agent Caty Sunive RSTY DR Caty Caty	Acc of Business 3. Mailing Address 5. Country 5. Certificate of Status Desired 65-0694914	ace of Business 3. Mailing Address E. etc. City & State City & State	

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. CONIGUOY/

954-680-6U4