

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034780

1. Entity Name

JP CONWELL CORPORATION

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90035 036 \*\*\*150.00

Principal Place of Business

9500 KOGER BLVD STE 102  
ST PETERSBURG FL 33702

Mailing Address

9500 KOGER BLVD STE 102  
ST PETERSBURG FL 33702

2. Principal Place of Business

211 S. Mars Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4719

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3454156

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33758-4719

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERGER, TODD  
810 63 AVE NORTH  
ST PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

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

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

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, 2001 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 NAME	P CONWELL, JAMES J	<input type="checkbox"/> Delete
STREET ADDRESS	9500 KOGER BLVD STE 102	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE NAME	STD CONWELL, PATRICIA S	<input type="checkbox"/> Delete
STREET ADDRESS	9500 KOGER BLVD STE 102	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patricia S. Conwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. Conwell

4/25/01

Date

(727) 445-1860

Daytime Phone #

CR2E034 (10/00)

0356841