

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90122 014 ***150.00

DOCUMENT # P97000074282

1. Entity Name

CONRATH GROUP, INC.

Principal Place of Business

Mailing Address

2910 PASS-A-GRILLE WAY
SAINT PETERSBURG BEACH FL 33706

2910 PASS-A-GRILLE WAY
SAINT PETERSBURG BEACH FL 33706

741337



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3040 Hibiscus Dr., W

3040 Hibiscus Dr., W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleair Beach, FL

City & State

Belleair Beach, FL

Zip

Country

33786

U.S.A.

Zip

Country

33786

U.S.A.

4. FEI Number

59-3506971

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

CONRATH, RICHARD C
2910 PASS-A-GRILLE WAY
SAINT PETERSBURG BEACH FL 33706

Name

SAME

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

3040 Hibiscus Dr., W

City

Belleair Beach

FL

Zip Code

33786

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

Richard C. Conrath

(NOTE: Registered Agent signature required when reinstating)

3/31/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM B III	
STREET ADDRESS	527 E UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete
NAME	CONRATH, RICHARD C	
STREET ADDRESS	2910 PASS-A-GRILLE WAY	
CITY-ST-ZIP	SAINT PETERSBURG BEACH FL 33706	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONRATH, KARYN N	
STREET ADDRESS	2910 PASS-A-GRILLE WAY	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	3040 Hibiscus Dr., WEST	
CITY-ST-ZIP	Belleair Beach, FL 33786	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	3040 Hibiscus Dr. WEST	
CITY-ST-ZIP	Belleair Beach, FL 33786	
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:

Richard C. Conrath
Richard C. Conrath

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/31/01

Date

(727) 517-0897

Daytime Phone #

CR2E034 (10/00)