

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093502

1. Entity Name  
CONECA, INC.

Principal Place of Business

Mailing Address

10100 W SAMPLE RD  
STE 309  
CORAL SPRINGS FL 33365  
US

10100 W SAMPLE RD  
STE 309  
CORAL SPRINGS FL 33365  
US

2. Principal Place of Business

3. Mailing Address

210 N. University Drive  
Suite, Apt. #, etc.  
Suite 212

210 N. University Drive  
Suite, Apt. #, etc.  
Suite 212

City & State  
Coral Springs, FL

City & State  
Coral Springs, FL

Zip  
33071-7339

Country  
US

Zip  
33071-7339

Country  
US

4. FEI Number 65-0791472

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

DUNLEAVY, DAVID  
10100 W SAMPLE RD  
STE 309  
CORAL SPGS FL 33365

Name

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

210 N. University Drive  
Suite 212

City Coral Springs FL Zip Code 33071-7339

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 *David Dunleavy*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/4/01

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 PT ☐ Delete  
NAME DUNLEAVY, DAVID  
STREET ADDRESS 8550 NW 53RD CT.  
CITY-ST-ZIP CORAL SPRINGS FL 33367

TITLE CCEO ☐ Delete  
NAME WOOD, RANDALL L  
STREET ADDRESS 11110 NW 26TH DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33365

TITLE S ☐ Delete  
NAME WOOD, DEBORAH M  
STREET ADDRESS 11110 NW 26TH DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33365

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *David Dunleavy* David Dunleavy, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

Date

954-3405594

Daytime Phone #

670827



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)