

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90032 003 ***158.75

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DOCUMENT # P97000093502

1. Entity Name
CONECA, INC.

Principal Place of Business
**210 N. UNIVERSITY DRIVE
SUITE 212
POMPANO BEACH FL 33071-7339
US**

Mailing Address
**210 N. UNIVERSITY DRIVE
SUITE 212
POMPANO BEACH FL 33071-7339
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number **65-0791472**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 900
CORAL SPGS FL 33065**

Name

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

210 N. University Drive Suite 212

City

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

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, 2002 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 **PT** ☐ Delete
NAME **DUNLEAVY, DAVID**
STREET ADDRESS **8550 NW 53RD CT.**
CITY-ST-ZIP **CORAL SPRINGS FL 33367**

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

954 340 5594

CR2E034 (9/01)