

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90143 007 ***150.00

DOCUMENT # P98000023639

1. Entity Name
CONQUEST PROPERTIES, INC.

Principal Place of Business
320 EAST ADAMS STREET
JACKSONVILLE FL 32202
US

Mailing Address
320 EAST ADAMS STREET
JACKSONVILLE FL 32202
US

2. Principal Place of Business
4315 PABLO OAKS CT.
 Suite, Apt. #, etc.

3. Mailing Address
4315 PABLO OAKS CT.
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number **59-3507036**

Applied For
 Not Applicable

Zip **32224** Country **USA**

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5. Certificate of Status Desired **\$8.75** Additional Fee Required

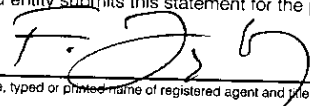
6. Name and Address of Current Registered Agent

HOLZ, F. LOGAN
666 KILCHURN DR
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name **HOLZ, F. LOGAN**
 Street Address (P.O. Box Number is Not Acceptable)
346 SAN JUAN DR.
 City **PONTE VEDRA BEACH FL** Zip Code **32082**

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 **04.18.02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	HOLZ, F. LOGAN	666 KILCHURN DR	ORANGE PARK FL 32073	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	HOLZ PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	HOLZ, F. LOGAN	346 SAN JUAN DR.	PONTE VEDRA BEACH	<input type="checkbox"/>	<input type="checkbox"/>
			FL 32082	<input type="checkbox"/>	<input type="checkbox"/>

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04.18.02** Daytime Phone # **904.482.1131**

CR2E034 (9/01)