

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90296 020 ***150.00

DOCUMENT # P98000067119

1. Entity Name

CONFORTI, INC.

Principal Place of Business

1795 S. TANNER COURT
 DELTONA FL 32738

Mailing Address

1795 S. TANNER COURT
 DELTONA FL 32738-8510

2. Principal Place of Business

790 South SB 415
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 70
 Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

City & State

Osteen, FL

4. FEI Number

59-3528996

Applied For

Not Applicable

Zip

32168

Country

USA

Zip

32764

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CONFORTI, DOUGLAS P
 1795 S. TANNER COURT
 DELTONA FL 32738

7. Name and Address of New Registered Agent

Name

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

49 Madera Rd

City

DeBary

FL

Zip Code

32713

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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	CONFORTI, DOUGLAS P	
STREET ADDRESS	1795 S. TANNER COURT	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CONFORTI, ANNE M	
STREET ADDRESS	1795 S. TANNER COURT	
CITY-ST-ZIP	DELTONA FL 32738	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	49 Madera Rd	
CITY-ST-ZIP	DeBary, FL 32713	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	49 Madera Rd	
CITY-ST-ZIP	DeBary, FL 32713	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas P. Conforti

Date

4/12/00

407-860-0884

Daytime Phone #

CR2E034 (9/99)