

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082867

1. Entity Name

JEANNE ODOM CONWAY, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90149 041 ***150.00

Principal Place of Business

Mailing Address

580 VILLAGE BLVD.,STE.160
WEST PALM BEACH FL 33409

580 VILLAGE BLVD.,STE.160
WEST PALM BEACH FL 33416-6396

2. Principal Place of Business

5611 Park Circle West

3. Mailing Address

P.O. Box 16396

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33405

Country

USA

Zip

33416

Country

USA

4. FEI Number

65-0864393

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

CONWAY, JEANNE O ESQ.
580 VILLAGE BLVD.,STE.160
WEST PALM BEACH FL 33409

Name

Jeanne O. Conway

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

5611 Park Circle West

City

West Palm Beach

FL

Zip Code

33405

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

Jeanne O. Conway
Signature, typed or printed name of registered agent and title if applicable

Jeanne O. Conway
(NOTE: Registered Agent signature required when reinstating)

4/19/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CONWAY, JEANNE O
STREET ADDRESS 580 VILLAGE BLVD.,STE.160
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE T ☒ Delete
NAME HARMON, KIM T
STREET ADDRESS 580 VILLAGE BLVD.,STE.160
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE S ☒ Delete
NAME FEKETE, HELEN K
STREET ADDRESS 580 VILLAGE BLVD.,STE.160
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P D ☒ Change ☐ Addition
NAME Jeanne O. Conway
STREET ADDRESS 5611 Park Circle West
CITY-ST-ZIP West Palm Beach FL 33405

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:

Jeanne O. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

561 533 0655
Daytime Phone #