

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 016 ***150.00

DOCUMENT # P99000022115

1. Entity Name

Heidi Conger, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13620 Lake Magdalene

Suite, Apt. #, etc.
301

City & State

Tampa FL

Zip

33618

Country
USA

3. Mailing Address

PO Box 274001

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33688

Country
USA

4. FEI Number

59-3561447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Heidi Conger

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

13620 Lake Magdalene Blvd #301

City

Tampa

FL

Zip Code

33618

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)

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January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 | D |
| NAME | Heidi C. Conger |
| STREET ADDRESS | 13620 Lake Magdalene Blvd #301 |
| CITY - ST - ZIP | Tampa FL 33618 |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidi Conger

4/29/02

813-787-8213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)