

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90250 005 \*\*\*150.00

**DOCUMENT # P99000028319**

1. Entity Name

CONCO MANAGEMENT SERVICES, INC.

Principal Place of Business

1138 E TENNESSEE STREET  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 15766  
TALLAHASSEE FL 32317

2. Principal Place of Business

223 John Knox Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3744

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

59-3571320

Applied For

Not Applicable

Zip

32303

Country

Zip

32315

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, C D

1138 E TENNESSEE STREET

TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name C.D. Connell

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

522 E 9th Ave

City Tallahassee

FL

Zip Code 32303

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

C.D. Connell

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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

TITLE NAME ☐ Delete

P  
CONNELL, CHRISTAN  
1138 E. TENNESSEE ST.  
TALLAHASSEE FL 32308

TITLE NAME ☒ Delete

ST  
CONNELL, NELLIE  
P.O. BOX 15766  
TALLAHASSEE FL 32317

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

522 E 9th Ave  
Tallahassee FL 32303

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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:

Christan Connell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

850-383-6900

Daytime Phone #

CR2E034 (9/01)