

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 002 ***150.00

DOCUMENT # **P99000045225**

1. Entity Name
The Connor Group, Inc.

Principal Place of Business
Madeira Beach, FL

Mailing Address
**740 PRUITT DR.
 MADEIRA BEACH, FL
 33708**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEE Number
59-3575369

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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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 date if applicable
 If FTL Registered Agent signature required when not online
 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	WILLIAM E. CONNOR	740 PRUITT DR.	MADEIRA BEACH, FL 33708	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition

3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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: **William E Connor**

A0053617

DO NOT WRITE IN THIS SPACE