

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 021 ***150.00

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DOCUMENT # P99000045952

1. Entity Name
CONQUEROR ENTERPRISE, INC.



Principal Place of Business
**8447 NW 61 STREET
TAMARAC FL 33321**

Mailing Address
**P.O. BOX 825611
PEMBROKE PINES FL 33082**

590246⁵⁸



2. Principal Place of Business
4158 Inverrary DR

3. Mailing Address
P.O. BOX 590246

Suite, Apt. #, etc.
505

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale FL

4. FEI Number
65-0920924

Applied For
Not Applicable

Zip
33319

Country
USA

Zip
33359

Country
USA

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

**JACKSON, SHARNELL
4158 INVERRARY DR
#505
FORT LAUDERDALE FL 33319**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sharnell Jackson**

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **JACKSON, SHARNELL**
STREET ADDRESS **4158 INVERRARY DR #505**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sharnell Jackson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

Daytime Phone #

CR2E034 (10/02)