2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000105074**

CONQUEST INVESTMENTS, INC.

Principal Place of Business 2113 OAKSTREAM AVENUE

Mailing Address

2113 OAKSTREAM AVENUE PENSACOLA FL 32526

3/2/

Apr 28, 2000 8:00 am Secretary of State

03-02-2000 90110 002 ***150.00

PENSACOLA FL 32526 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 3612135 Applied For City & State City & State Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PURSELL, LARRY, W. Street Address (P.O. Box Number is Not Acceptable) 2113 OAKSTREAM AVENUE PENSACOLA FL 32526 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 18. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (66/6)Change Addition TIT! F ☐ Delete TITI F LARY W PURSELL NAME NAME 2113 OAKSTREAM AVE CR2E034 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIP Chance Addition TITLE VICE PRESWAYNE R. BRISKE NAME 4911 TANGEN ST NAME STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIP1: 1835 TRES MARTIN PRICH ☐ Delete ☐ Addition TITLE TITLE 1212 JASPER ST NAME NAME CANTONMENT, FL 32533 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SX-7/P RODNEY FJACKSON ☐ Change Addition Delete TITLE 6289 WINDWOOD DR. `, `; NAME NAME PENSACOLA, FL 32504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.