

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90129 043 ***550.00

DOCUMENT # P99000105074

1. Entity Name
CONQUEST INVESTMENTS, INC.

Principal Place of Business

301 GODWIN
PENSACOLA FL 32504

Mailing Address

4911 TANGEN STREET *3302 A Santa Rosa Drive*
PENSACOLA FL 32526 *Gulf Breeze, FL 32563*



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3612135**

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

BRISKE, WAYNE

4911 TANGEN STREET *3302 A Santa Rosa Drive*
PENSACOLA FL 32526 *Gulf Breeze FL 32563*

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 *Wayne Briske* *Wayne Briske* *9-4-02*

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRISKE, WAYNE R**
STREET ADDRESS **4911 TANGEN ST**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE *President* ☒ Change ☐ Addition
NAME *Briske, Wayne R*
STREET ADDRESS *3302 A Santa Rosa Drive*
CITY-ST-ZIP *Gulf Breeze, FL 32563*

TITLE **TVP** ☐ Delete
NAME **RICH, MARTIN**
STREET ADDRESS **1212 JASPER ST**
CITY-ST-ZIP **CANTONMENT FL 32533**

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

TITLE **S** ☐ Delete
NAME **JACKSON, RODNEY F**
STREET ADDRESS **6289 WINDWOOD DR**
CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Wayne Briske *Wayne Briske* *9-4-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)