

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03168

1. Entity Name

CONKLIN & STANLEY, PROFESSIONAL ASSOCIATION

Principal Place of Business

1465 S FORT HARRISON AVENUE
SUITE 202
CLEARWATER FL 34616

Mailing Address

1465 S FORT HARRISON AVENUE
SUITE 202
CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent -

CONKLIN, LESLIE M
1465 S FORT HARRISON AVENUE
SUITE 202
CLEARWATER FL ~~34616~~ 33756

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 file # 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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CONKLIN, LESLIE M.
CITY-ST-ZIP 430 LOTUS PATH
CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS PROBST, PAUL F. JR.
CITY-ST-ZIP 202 LIVE OAK LANE
LARGO, FL

TITLE ☐ Delete
NAME D
STREET ADDRESS STANLEY, GYNETH S
CITY-ST-ZIP 421 DRUID ROAD
CLEARWATER FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91334 013 ***150.00

D0053807



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3100523** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)