2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20431

1. Entity Name

F.P. CONCANNON REAL ESTATE, INC.

001 6993 AV

Principal Place of Business	Mailing Address
629 NORTH DIXIE FREEWAY	629 NORTH DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168	NEW SMYRNA BEACH FL 32168

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	
Zip / Country	Zip / Country	

4. FEI Number 59-3117755

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
TRIMNAL, DONNA M CONCAN	Name
629 N DIXIE FREEWAY	Street Address (P.O. Box Number is Not Acceptable)
NEW SMYRNA BEACH FL 32168	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]*_

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 $150.00** After May 1, 2002 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 PD		☐ Delete	TITLE	CONCANNON, DONNA M	☒ Change ☐ Addition
NAME TRIMNAL, DONNA M CONCAN			NAME		
STREET ADDRESS 629 N DIXIE FREEWAY			STREET ADDRESS		
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/6)

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]*_   DONNA M CONCANNON   2/25/02   386-428-2457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #