

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65015

1. Entity Name

CONKLING CONSTRUCTION, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90035 025 ***150.00

Principal Place of Business

Mailing Address

1025 NO FLORIDA MANGO
STE 1
W PALM BCH FL 33409
US

PO BOX 7010
W.P. B. 33405
US

532626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4500 BELVEDERE ROAD

3. Mailing Address

Suite, Apt. #, etc.

G

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FLORIDA

City & State

4. FEI Number

65-0358389

Applied For

Not Applicable

Zip

Country

33415

US

Zip

Country

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

D'ANGIO, ROBERT A JR
218 DATURA ST.
W.P. BCH FL 33411

Name

D'ANGIO, ROBERT A. JR

Street Address (P.O. Box Number is Not Acceptable)

685 ROYAL PALM BEACH BLVD. SUITE 205

City

ROYAL PALM BEACH

FL

Zip Code
33411

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 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, 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 DP
STREET ADDRESS CONKLING, III D
CITY-ST-ZIP 4749 AVOCADO BLVD
WEST PALM BEACH FL 33411

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P.
STREET ADDRESS KATHERINE P. CONKLING
CITY-ST-ZIP 480 EXECUTIVE CENTER DRIVE
WEST PALM BEACH FLORIDA 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V.P.
STREET ADDRESS ALEXANDRIA C. BURGESS
CITY-ST-ZIP 704 OSPREY WAY
NORTH PALM BEACH FLORIDA 33408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]

DONALD H. CONKLING III
PRESIDENT

12 APRIL 2001

(561) 687-3151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)