

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90108 048 ***163.75

DOCUMENT # P01000061535

1. Entity Name

CONCEPTS IN CONFIDENCE INC.

Principal Place of Business

**2500 QUANTUM LAKE DR., STE. 214
 BOYNTON BEACH FL 33426**

Mailing Address

**2500 QUANTUM LAKE DR., STE. 214
 BOYNTON BEACH FL 33426**

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

65-1118451

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GINSBURG, MICHAEL

**2500 QUANTUM LAKE DR., STE. 214
 BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name

Michael Ginsburg

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

5146 Glenville Drive

City

Boynton Beach

FL

Zip Code

33437

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

Michael Ginsburg, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/02

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

TITLE	D	☐ Delete
NAME	GINSBURG, MICHAEL A	
STREET ADDRESS	2500 QUANTUM LAKE DR., STE. 214	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Michael Ginsburg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02

Date

861 369 1700

Daytime Phone #

CR2E034 (9/01)