

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90098 010 ***150.00

DOCUMENT # P98000040613

1. Entity Name
MANUFACTURING CONCEPTS, INC.

Principal Place of Business 1110 PINELLAS BAYWAY S. UNIT 108 TIERRA VERDE FL 33715	Mailing Address 1110 PINELLAS BAYWAY S. UNIT 108 TIERRA VERDE FL 33715
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2. Principal Place of Business <i>291 2nd St. West</i>	3. Mailing Address <i>291 2nd St. West</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tierra Verde FL</i>	City & State <i>Tierra Verde, FL</i>	4. FEI Number 69-0850036	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33715</i>	Country <i>Pinellas</i>	Zip <i>33715</i>	Country <i>Pinellas</i>



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
PAYNE, DANIELLE Z
 1110 PINELLAS BAYWAY S.
 UNIT 108
 TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent
 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 *Danielle Z Payne* DATE *12/30/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	VP PAYNE, JAMES P 1110 PINELLAS BAYWAY S., UNIT 108 TIERRA VERDE FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <i>same</i> <i>655 7th Ave. N.</i> <i>Tierra Verde, FL 33715</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Danielle Z Payne* DATE *12/30/00* DAYTIME PHONE # *867-2763*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)