

# 2002 UNIFORM BUSINESS REPORT (UBR)

0427494 AV

DOCUMENT # F00000003833

1. Entity Name

CONCEPT IV REALTY GROUP LTD. CORPORATION

FILED

02 MAR -6 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1250 E 113TH AVENUE  
TAMPA FL 33612

Mailing Address

1250 E 113TH AVENUE  
TAMPA FL 33612

2. Principal Place of Business

PD Box 86677

Suite, Apt. #, etc.

3. Mailing Address

PD Box 86677

Suite, Apt. #, etc.

City & State

Madera Beach Fl. Madera Beach Fl.

Zip

Country

33738-6677

Zip

Country

33738-6677

4. FEI Number

59-3567206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENCE, ROBERT A

305 EBB TIDE COURT

S. PONTE VEDRA BEACH FL 32082

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

Robert A Pence Robert A Pence

1-31-02

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

TITLE CDVS  
NAME PENCE, ROBERT  
STREET ADDRESS 305 EBB TIDE COURT  
CITY-ST-ZIP S. PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE CDPT  
NAME STICKLER, DAVE  
STREET ADDRESS 944 SCARBOROUGH  
CITY-ST-ZIP LOVELAND CO 80538

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

500005042995-5  
-03/05/02--01016--002  
\*\*\*\*200.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David B Stikler 1-31-02 727-638-0486

CR2E034 (9/01)