

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90097 049 ***150.00

DOCUMENT # F01000000046

1. Entity Name
CONCEPTS FOR ADVANCED TECHNOLOGY INC.



Principal Place of Business
205 PINEWOOD DRIVE
SMITHFIELD RI 02917-3127

Mailing Address
205 PINEWOOD DRIVE
SMITHFIELD RI 02917-3127

2. Principal Place of Business

1958 Smith Street

Suite, Apt. #, etc.

3. Mailing Address

1958 Smith Street

Suite, Apt. #, etc.

City & State

NORTH Providence, RI

Zip
02911

Country

USA

City & State

NORTH Providence, RI

Zip
02911

Country

USA

4. FEI Number

05-0502648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GARCIA, MICHAEL G
8743 WOLF DEN TRAIL
PORT RICHEY FL 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony G. Medeiros

4-8-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **MEDEIROS, ANTHONY G**
STREET ADDRESS **205 PINEWOOD DRIVE**
CITY - ST - ZIP **SMITHFIELD RI 02917**

TITLE **VS** ☐ Delete
NAME **MEDEIROS, LAURI A**
STREET ADDRESS **205 PINEWOOD DRIVE**
CITY - ST - ZIP **SMITHFIELD RI 02917**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. 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

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NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anthony G. Medeiros
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 (401) 233-7834

Date

Daytime Phone #

CR2E034 (10/02)