

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006514

1. Entity Name

C/T CONCEPTS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90163 003 ***150.00

Principal Place of Business

1585 KEARNEY ST
DENVER CO 80220
US

Mailing Address

P.O. BOX 306
CUSTER SD 57718-0284

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 284

Suite, Apt. #, etc.

City & State

Black Hawk SD

Zip

57718

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1428718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, ANITA
1930 SANDPIPER DRIVE
PALM HARBOR FL 34683

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

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, 2000 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 CPS
NAME TURNER, CATHERINE
STREET ADDRESS 1585 KEARNEY STREET
CITY-ST-ZIP DENVER CO 80220 ☐ Delete

TITLE VV
NAME GEORGE, LARRY
STREET ADDRESS 1585 KEARNEY STREET
CITY-ST-ZIP DENVER CO 80220 ☒ Delete

TITLE TD
NAME TURNER, FRAN
STREET ADDRESS RR1 BOX 112A
CITY-ST-ZIP CUSTER SD 57730 ☐ 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

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

TITLE Treasurer
NAME Rinehart, Fran
STREET ADDRESS 1104 Peaceful Pines Rd.
CITY-ST-ZIP Black Hawk SD 57718 ☒ 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 #

4-19-00 605-787-5930

CR2E034 (9/99)