

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H19228

1. Entity Name

NEW CONCEPT MARKETING, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90007 003 ***150.00

Principal Place of Business

Mailing Address

1253 OKEECHOBEE RD
#B-1
WEST PALM BEACH FL 33401

1253 OKEECHOBEE RD
#B-1
WEST PALM BEACH FL 33401-6951

~~626315~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7655 Enterprise Drive
Suite, Apt. #, etc.

7655 Enterprise Drive
Suite, Apt. #, etc.

#2

#2

City & State

City & State

Riviera Beach FL

Riviera Beach FL

Zip

Country

Zip

Country

33404

33404

4. FEI Number

59-2438535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, EDWARD ALBERT
1253 OLD OKEECHOBEE RD. B-1
WEST PALM BEACH FL 33401

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BARTLETT, EDWARD ALBERT
10104 GLENMOOR DRIVE
W. PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Edward Bartlett
4217 Royal Oak Drive
Palm Beach Gardens, FL 33410

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 #

CR2E034 (9/99)