

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90038 024 ***150.00

DOCUMENT # H27628

1. Entity Name
CONCEPT FOUR REALTY, INC.

Principal Place of Business
**257 S.W. PORT ST. LUCIE BLVD.,
 PORT ST LUCIE FL 34983**

Mailing Address
**257 S.W. PORT ST. LUCIE BLVD.,
 PORT ST LUCIE FL 34983**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2462829**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**PETRUZZELLI, PHIL
 257 SW PORT ST. LUCIE BLVD.,
 VICTORIA ST.,
 PORT ST LUCIE FL 34953**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, PHIL	
STREET ADDRESS	5602 SW UNSCHINE FARMS	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, MARILYN	
STREET ADDRESS	CATES CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DI CLEMENTE, RENE	
STREET ADDRESS	5602 SW BUNSHINE FARMS	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rene DiClemente 1/27/2002 561 879 0444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)