

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90015 025 \*\*\*550.00

**DOCUMENT # H87826**

1. Entity Name  
**CONCEPT CONTRACTORS, INC.**

Principal Place of Business  
**920 N.E. INDUSTRIAL BLVD.**  
**P.O. BOX 1356**  
**JENSEN BEACH FL 34957-5005**

Mailing Address  
**920 N.E. INDUSTRIAL BLVD.**  
**P.O. BOX 1356**  
**JENSEN BEACH FL 34957-5005**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0048323**  
 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

**CIOFFI, P. MICHAEL**  
~~**1473 SPRUCE RIDGE DR**~~ **3447 NE MELBA DR.**  
~~**STUART FL 34994**~~ **JENSEN BEACH, FL**  
**34957**

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 *[Signature]* DATE **9-3-02**  
(NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CIOFFI, P. MICHAEL</b>
STREET ADDRESS	<del><b>1473 SPRUCE RIDGE DR.</b></del>
CITY-ST-ZIP	<del><b>STUART FL</b></del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P. MICHAEL</b>
STREET ADDRESS	<b>3447 NE MELBA DR.</b>
CITY-ST-ZIP	<b>JENSEN BEACH, FL 34957</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED**

Date **9-3-02** Daytime Phone # **772-285-7642**

CR2E034 (4/02)