

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90047 038 ***150.00

DOCUMENT # J65568

1. Entity Name

BUSINESS CONCEPTS INC.

Principal Place of Business

Mailing Address

~~2013 CRANE COURT~~
~~NEW PORT RICHEY FL 34655-4002~~

~~2013 CRANE COURT~~
~~NEW PORT RICHEY FL 34655-4002~~

8717 BRAXTON DR
HUDSON, FL 34667

8717 BRAXTON DR
HUDSON, FL 34667

903913



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8717 BRAXTON DR

8717 BRAXTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

4. FEI Number

59-2782603

Applied For

Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSELS, BONNIE I.

2013 CRANE CT.

NEW PORT RICHEY FL 34655

Name

Street Address (P.O. Box Number is Not Acceptable)

8717 BRAXTON DR

City

HUDSON

FL

Zip Code 34667

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	D	<input type="checkbox"/> Delete
NAME	CASSELS, ROBERT W.	
STREET ADDRESS	2013 CRANE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D/P	<input type="checkbox"/> Delete
NAME	CASSELS, BONNIE I.	
STREET ADDRESS	2013 CRANE COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASSELS, ROBERT W. II	
STREET ADDRESS	8739 ROBLE WAY	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 or without like empowered.

SIGNATURE

Bonnie Casse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

727-869-0911

Daytime Phone #