

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K29758

1. Entity Name

CONCEPT-SYNERGY, INC.

Principal Place of Business

Mailing Address

16015 SW FARM RD  
STE 1  
INDIANTOWN FL 34956  
US

P.O. BOX 691867  
ORLANDO FL 32869-1867  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0068970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, TAYLOR  
11214 SHER LANE  
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

ALISON N ROSE

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

8628 VISTA LAKE LANE  
#1211

City

ORLANDO

FL

Zip Code

32821

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

*Alison Rose*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/00

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 ☐ Delete  
NAME D  
STREET ADDRESS PURSEL, JACH  
CITY-ST-ZIP 12179 S APOPKA VINELAND RD, #136  
ORLANDO FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NORTH, PENY  
CITY-ST-ZIP 12179 S APOPKA VINELAND RD, #136  
ORLANDO FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS NORTH, MICHAELL  
CITY-ST-ZIP 12179 S APOPKA VINELAND RD, #136  
ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS - 12179 S APOPKA VINELAND RD  
CITY-ST-ZIP ORLANDO, FL 32836 #136

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

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

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

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

TITLE ☐ Change ☐ 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:

*Jach Purse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-09-00 407-876-1876

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90006 032 \*\*\*150.00

UUU4J01J



DO NOT WRITE IN THIS SPACE