

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91180 017 \*\*\*150.00

**DOCUMENT # P00000013970****1. Entity Name**  
**CONCEPT 2000 PAYROLL CORP.****Principal Place of Business****5201 ANGLERS AVENUE**  
**SUITE #103**  
**FT. LAUDERDALE FL 33312****Mailing Address****5201 ANGLERS AVENUE**  
**SUITE #103**  
**FT. LAUDERDALE FL 33312****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****65-0982361**

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****JACOBY, CHARLES E**  
**5201 ANGLERS AVENUE**  
**SUITE #103**  
**FT. LAUDERDALE FL 33312**

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** **D** ☐ Delete  
**NAME** **JACOBY, CHARLES E**  
**STREET ADDRESS** **5201 ANGLERS AVENUE SUITE #103**  
**CITY-ST-ZIP** **FT. LAUDERDALE FL 33312****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **SHELDON, HARVEY**  
**STREET ADDRESS** **18142 NW 15TH CT**  
**CITY-ST-ZIP** **PEMBROKE PINES FL 33029****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **FLOYD, CHARLOTTE**  
**STREET ADDRESS** **16475 NE 32ND AVE**  
**CITY-ST-ZIP** **NORTH MIAMI FL 33160****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **HEMPHILL, CHUCK**  
**STREET ADDRESS** **22917 OLD INLET BRIDGE DR**  
**CITY-ST-ZIP** **BOCA RATON FL 33433****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **D** ☐ Delete  
**NAME** **OLIVIERI, WILLIAM T**  
**STREET ADDRESS** **1145 LIDFLOWER STREET**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33019****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2

Date

954-893-0024

Daytime Phone #

CR2E034 (9/01)