

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90195 035 ***150.00

DOCUMENT # P00000079658

1. Entity Name
CONCEPTS INSURANCE AGENCY, INC.

Principal Place of Business

**213 N 14TH ST
 SUITE 106
 LEESBURG, FL 34748**

Mailing Address

**213 N 14TH ST
 SUITE 106
 LEESBURG FL 34748**

2. Principal Place of Business

4061 B WEST S.R. 46
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 953393
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SANFORD FLORIDA

City & State

LAKE MARY FLORIDA

4. FEI Number

59-3665677

Applied For

Not Applicable

Zip

32771

Country

SEMINOLE

Zip

32795-3393

Country

SEMINOLE

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**KONKOLESKI, ROBERTA
 213 N 14TH ST
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **KONKOLESKI, ROBERTA**
 STREET ADDRESS **213 N 14TH ST**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4061 B WEST S.R. 46**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/02 407 339 1923

Date

Daytime Phone #

CR2E034 (9/01)