

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

7/1

07-16-2003 90042 007 \*\*\*150.00

**DOCUMENT # P01000088804**

1. Entity Name  
**C & M CONCEPTS, INC.**



Principal Place of Business  
**215 SHADY HOLLOW  
CASSELBERRY FL 32707**

Mailing Address  
**215 SHADY HOLLOW  
CASSELBERRY FL 32707**

**55052957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3748270**

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

**JOHNSON, CHARLES T  
215 SHADY HOLLOW  
CASSELBERRY FL 32707**

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: *Charles Johnson Pres.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/07/03**

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **JOHNSON, CHARLES T**  
CITY-ST-ZIP **215 SHADY HOLLOW  
CASSELBERRY FL 32707**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/07/03**  
Date

Daytime Phone #

CR2E034 (4/03)

attachment

7/28/03

55052957

#P01000088804

Please see attached letter Dated  
7/3/03. It is a copy of letter  
I mailed with my check for 150<sup>00</sup>  
for UBR. Doc # P01000088804.

I received your reply. I then  
called and they told me to send  
attached copy of letter because I  
did not receive first notice.

I have also attached the Section  
on frequently asked Questions which  
covers this matter.

Thank In Advance

Charles Johnson  
PRES. C+M Concepts



*Attachment*  
**C & M CONCEPTS, INC**

215 Shady Hollow  
Casselberry, FL 32707  
Phone/fax- 407-830-9609  
[cmconceptsinc@yahoo.com](mailto:cmconceptsinc@yahoo.com)

July 3, 2003

55052957  
~~#P010000000004~~

Uniform Business Report  
Division of Corporations  
P O Box 1500  
Tallahassee, FL 32302-1500

RE: FEI number 59-3748270  
Uniform Business Report

This is the first notice I have received for this report. I am enclosing a check for \$150.00. Please waive the late fee of \$400.

Thank you in advance.

Sincerely,

Charles Johnson  
C & M Concepts, Inc.