

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -9 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PD2000005544**

1. Entity Name

CONCEPTS FINANCIAL SERVICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1690 Lakeshore Dr.

Suite, Apt. #, etc.

3. Mailing Address

1690 Lakeshore Dr.

Suite, Apt. #, etc.

City & State

Weston, FL.

City & State

WESTON, FL.

Zip

33326

Country

US

Zip

33326

Country

US

4. FEI Number

26-0033403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAN MORR

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

1690 Lakeshore Dr.

City

Weston, FL.

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DAN MORR	1690 Lakeshore Dr.	Weston, FL. 33326	PRESIDENT			

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN MORR

9/22/03

Daytime Phone #

954-625-1576

CR2E034B (12/02)

21 10/9