

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 025 ***550.00

0689467 FP

DOCUMENT # P02000084869

1. Entity Name
CONCEPT ONE MARKETING, INC.



Principal Place of Business
**811-B CYPRESS VILLAGE BOULEVARD
RUSKIN FL 33573**

Mailing Address
**811-B CYPRESS VILLAGE BOULEVARD
RUSKIN FL 33573**



2. Principal Place of Business
606 WARE BLVD
Suite, Apt. #, etc.

3. Mailing Address
606 WARE BLVD
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
54-2065838

Applied For
☐ Not Applicable

Zip
33619

Zip
33619

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LASMAN, JEFFREY M ESQ.
811-N CYPRESS VILLAGE BOULEVARD
RUSKIN FL 33573**

7. Name and Address of New Registered Agent

Name
Pam DeVengencie
Street Address (P.O. Box Number is Not Acceptable)
606 WARE BLVD
Tampa
City
FL Zip Code
33619

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 **Pamela DeVengencie President 4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVENGENCIE, PAMELA 606 WARE BOULEVARD TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILLING, RICHARD N 606 WARE BOULEVARD TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLANCY, PHILIP H 606 WARE BOULEVARD TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOON, MARK D 606 WARE BOULEVARD TAMPA FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pamela DeVengencie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 (813)622-6304
Date Daytime Phone #

CR2E034 (10/02)