

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

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90077 021 ***150.00

DOCUMENT # P04006070033



1. Entity Name

CONCEPTS FINANCIAL NETWORK CORP.

DO NOT WRITE IN THIS SPACE

40105137

2. Principal Place of Business

701 Conchshell Pl

3. Mailing Address

9715 W Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

193

City & State

Plantation FL

City & State

Plantation FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

14-1906985

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Terry S. Hutchins

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

701 Conchshell Place

City Plantation

FL

Zip Code

33324

**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

P
Terry Hutchins
701 Conchshell Place
Plantation, FL 33324

TITLE
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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

Date

Daytime Phone #

4/22/07

9546484622

CR2E034B (12/02)