

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049765

1. Entity Name

CANOPY CONCEPTS, INC.

Principal Place of Business

Mailing Address

1923 MEARS PARKWAY
MARGATE FL 33063
US

12633 LADY FERN CIRCLE
BOCA RATON FL 33428-4777
US

2. Principal Place of Business

3. Mailing Address

1628 N.W. 34th TERR.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAUSEBERRY HILL, FL

Zip
33311

Country
US

Zip

Country

4. FEI Number

65-0439143

Applied For

Not

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

FELEPPA, RICHARD
1923 MEARS PKWY
MARGATE FL 33063

Name

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

FELEPPA, RICHARD
12633 LADY FERN CIRCLE
City BOCA RATON FL Zip Code 33428

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST
NAME FELEPPA, RICHARD
STREET ADDRESS 12633 LADY FERN CIRCLE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE D
NAME FELEPPA, RICHARD
STREET ADDRESS 12633 LADY FERN CIRCLE
CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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, changed, 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 #

710995



DO NOT WRITE IN THIS SPACE

2/1/2000 (954) 581-726