

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90114 002 ***158.75

DOCUMENT # **P93000057193**

1. Entity Name
CONCEPTS CONSTRUCTION, INC.



Principal Place of Business Mailing Address

~~302 N. FEDERAL HWY.~~ ~~302 N. FEDERAL HWY.~~
~~STE 101~~ ~~STE 101~~
~~DANIA FL 33004~~ ~~DANIA FL 33004~~

2. Principal Place of Business 3. Mailing Address

4700 S.W. 51ST STREET **4700 S.W. 51ST STREET**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE - 217 **SUITE - 217**

City & State City & State

DAVIE, FL. **DAVIE, FL.**

Zip Country Zip Country

33314 **33314** **33314** **33314** **33314** **33314** **33314** **33314** **33314**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

65-0431070 Not Applicable

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

6. Name and Address of Current Registered Agent

~~ADAMS, GERALD J~~
~~113 N FEDERAL HIGHWAY~~
~~DANIA FL 33004~~

7. Name and Address of New Registered Agent

Name **SAMUEL SIMMONS**

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

4700 S.W. 51ST STREET SUITE-217

City State Zip Code

DAVIE **FL** **33314**

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: *Samuel Simmons* **SAMUEL SIMMONS - PRESIDENT** DATE: **2/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMMONS, SAMUEL D	
STREET ADDRESS	34 NE 1ST AVE	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	SIMMONS, JANICE	
STREET ADDRESS	34 NE 1ST AVE	
CITY-ST-ZIP	DANIA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, GERALD	
STREET ADDRESS	113 N FEDERAL HWY	
CITY-ST-ZIP	DANIA FL 33004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 n. Ocean Drive #102	
CITY-ST-ZIP	Hollywood, Fla. 33019	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3200 n. Ocean Drive #102	
CITY-ST-ZIP	Hollywood, Fla. 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Samuel Simmons* **SAMUEL SIMMONS - PRESIDENT** DATE: **2/14/03** Daytime Phone #: **(954) 920-2115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)