

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
 03-15-2001 90017 006 ***150.00

DOCUMENT # P97000013972

1. Entity Name
CONCEPTUAL DYNAMICS, INC.

Principal Place of Business 515 N. FLAGLER DR., THIRD FLOOR PAVILION WEST PALM BEACH FL 33401	Mailing Address 515 N. FLAGLER DR., THIRD FLOOR PAVILION WEST PALM BEACH FL 33401
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2. Principal Place of Business 222 LAKEVIEW AVE	3. Mailing Address 222 LAKEVIEW AVE
Suite, Apt. #, etc. SUITE 160-189	Suite, Apt. #, etc. SUITE 160-189
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33401	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0750529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRUNELL, DAVID J 515 N. FLAGLER DR., THIRD FLOOR PAVILION WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name DAVID J. BRUNELL Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE SUITE 160-189 City WEST PALM BEACH FL Zip Code 33401
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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 *David Brunell* **PRESIDENT** **13 MAR 2001**
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRUNELL, DAVID J		NAME	
STREET ADDRESS 200 AVILA RD		STREET ADDRESS	
CITY-ST-ZIP W PALM BCH FL 33405		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BRUNELL, KATERI		NAME	
STREET ADDRESS 200 AVILA RD		STREET ADDRESS	
CITY-ST-ZIP WEST PALM BEACH FL 33405		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Brunell* **DAVID BRUNELL** **13 MAR 2001** **561-802-8993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)