

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90436 037 ***150.00

0091965 AV

DOCUMENT # P97000089244

1. Entity Name

CONCEPT ADVANCED MANUFACTURING, INC.

Principal Place of Business

**1690 ASHWOOD AVE
TITUSVILLE FL 32786**

Mailing Address

**1690 ASHWOOD AVE
TITUSVILLE FL 32786**

B0062514



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1616 N. Singleton Ave.

3. Mailing Address

1616 N. Singleton Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32796

Country

USA

Zip

32796

Country

USA

4. FEI Number

59-3473934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, JAMES E

1690 ASHWOOD AVE

TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **THOMPSON, JAMES E**
STREET ADDRESS **1690 ASHWOOD AVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE **SD** ☐ Delete
NAME **THOMPSON, CYNTHIA A**
STREET ADDRESS **1690 ASHWOOD AVE**
CITY-ST-ZIP **TITUSVILLE FL 32796**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Cynthia A Thompson **Cynthia A. Thompson** **4/2/02** **321-268-8835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)