

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005611

1. Entity Name

CONCEPT HOMES INC.

FILED

Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90009 035 ***158.75

Principal Place of Business

Mailing Address

8 CORDONA DRIVE
KISSIMMEE FL 34758

8 CORDONA DRIVE
KISSIMMEE FL 34758-3427

2. Principal Place of Business

3. Mailing Address

8 Cordona Drive

8 CORDONA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee

FL

Zip

Country

Zip

Country

34758

USA

4. FEI Number

59-3562259

Applied For

Not Applicable

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

UMPIERRE, LUIS

3535 FOUNTAINBLEAU BLVD
KISSIMMEE FL 34746

8 Cordona Dr.
Kissimmee, FL
34758

Name

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

8 Cordona Drive

City

Kissimmee

FL

Zip Code

34758

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.

Luis Umpierre

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

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 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS UMPIERRE, LUIS
CITY-ST-ZIP 3538 EAST GRANT ST.
ORLANDO FL 32806

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis Umpierre

Date

Daytime Phone #

1/5/00 (407)846-7706

CR2E034 (9/99)