

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007019

1. Entity Name

CONCEPTS & DESIGNS, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90045 034 ***150.00

Principal Place of Business 1025 BLANN DRIVE TAMPA FL 33603	Mailing Address 1025 BLANN DRIVE TAMPA FL 33618-4716
---	--

2. Principal Place of Business 10346 CARROLLWOOD LA. Suite, Apt. #, etc. # 177 City & State TAMPA, FLORIDA Zip 33618	3. Mailing Address 10346 CARROLLWOOD LA. Suite, Apt. #, etc. # 177 City & State TAMPA, FLORIDA Zip 33618
---	---



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3560216	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 YANCEY, RON 1025 BLANN DRIVE TAMPA FL 33603	7. Name and Address of New Registered Agent Name YANCEY, RON Street Address (P.O. Box Number is Not Acceptable) 10346 CARROLLWOOD LA., #177 City TAMPA FL Zip Code 33618
--	---

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANCEY, RON 1025 BLANN DRIVE TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YANCEY, RON 10346 CARROLLWOOD LA., #177 TAMPA, FL 33618 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YANCEY, MYRA JEAN 1025 BLANN DRIVE TAMPA FL 33603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YANCEY, MYRA JEAN 10346 CARROLLWOOD LA., #177 TAMPA, FL 33618 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ronald T. Yancey RONALD T. YANCEY 3/ (813) 269-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)