2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007019

Entity Name

Concepts and Designs, Inc.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90090 039 ***150.00

A0046162

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10346 Carrollwood Lane Apt 177 Tampa FL 33618	10346 Carrollwood Lane Apt 177 Tampa FL 33618

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3560216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RON YANCEY
10346 CARROLLWOOD LANE
APT 177
TAMPA FL 33618

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 order form on back) ☐

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. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: PD NAME: YANCEY, RON STREET ADDRESS: 10346 Carrollwood Lane, Apt 177 CITY-ST-ZIP: Tampa FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VPD NAME: YANCEY, MYRA JEAN STREET ADDRESS: 10346 CARROLLWOOD, APT 177 CITY-ST-ZIP: TAMPA FL 33618	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (11/00)

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 4/1/01 813 269 7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #