

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90035 005 \*\*\*150.00

**DOCUMENT # P99000007019**

**1. Entity Name**  
**CONCEPTS & DESIGNS, INC.**

**Principal Place of Business**

**10346 CARROLLWOOD LANE**  
**#177**  
**TAMPA FL 33618**

**Mailing Address**

**10346 CARROLLWOOD LANE**  
**#177**  
**TAMPA FL 33618**



**2. Principal Place of Business**

**7218 8th Ave. Loop W**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**7218 8th Ave. Loop W**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**Bradenton FL**

**City & State**

**Bradenton FL**

**4. FEI Number**

**59-3560216**

**Applied For**

**Not Applicable**

**Zip**

**34209**

**Country**

**USA**

**Zip**

**34209**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**YANCEY, RON**  
**10346 CARROLLWOOD LANE # 177**  
**TAMPA FL 33618**

**7. Name and Address of New Registered Agent**

**Name**

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

**7218 8th Ave. Loop W**

**City**

**Bradenton**

**FL**

**Zip Code**

**34209**

**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** RON YANCEY, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

Ronald J. Yancey

**DATE**

4/5/02

**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** **YANCEY, RON**  
**STREET ADDRESS** **10346 CARROLLWOOD LANE, APT 177**  
**CITY-ST-ZIP** **TAMPA FL 33618**

**TITLE** **VPD** ☐ Delete  
**NAME** **YANCEY, MYRA JEAN**  
**STREET ADDRESS** **10346 CARROLLWOOD LANE, APT 177**  
**CITY-ST-ZIP** **TAMPA FL 33618**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**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**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **7218 8th Ave Loop W**  
**CITY-ST-ZIP** **Bradenton FL 34209**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **7218 8th Ave Loop W**  
**CITY-ST-ZIP** **Bradenton FL 34209**

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

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
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☐ Change ☐ Addition  
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**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**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:**

Ronald J. Yancey **RON YANCEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

(941) 792-5358

Daytime Phone #

CR2E034 (9/01)