

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013400

1. Entity Name

GANT CONCEPTS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90119 016 ***150.00

Principal Place of Business

Mailing Address

721 GALLOWAY COURT
WINTER SPRINGS FL 32708

721 GALLOWAY COURT
WINTER SPRINGS FL 89510-0662

2. Principal Place of Business

3. Mailing Address

P.O. Box 10662

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

RENO, NV

4. FEI Number

59-3554098

Applied For

Not Applicable

Zip

Country

Zip

Country

89510 U.S.A.

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

DEAN, RICHARD W
721 GALLOWAY COURT
WINTER SPRINGS FL 32708

Name

DEAN, RICHARD W

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

6194 N. FEDERAL HWY.

City

BOCA RATON

FL

Zip Code

33487

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

Richard W. Dean RICHARD W. DEAN

4/3/00

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, 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 D
NAME GANT, BRYAN
STREET ADDRESS 721 GALLOWAY COURT
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

TITLE P/D
NAME GANT, BRYAN
STREET ADDRESS 245 RENO AVE
CITY-ST-ZIP RENO, NV 89509 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME GANT, TANYA
STREET ADDRESS 245 RENO AVE
CITY-ST-ZIP RENO, NV 89509 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Bryan Gant BRYAN GANT

4/2/00

(775) 324-0580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)