

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030145

1. Entity Name

VIVID CONCEPTS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90020 040 ***150.00

Principal Place of Business

Mailing Address

725 SOUTH NORTHLAKE BLVD. #69
ALTAMONTE SPRINGS FL 32701

725 SOUTH NORTHLAKE BLVD. #69
ALTAMONTE SPRINGS FL 32701-6730

2. Principal Place of Business

3. Mailing Address

7534 Dockside St.
Suite, Apt. #, etc.

7534 Dockside St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

4. FEI Number

~~59-356-7740~~ 59-356-7740

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CROTTS, CYNTHIA D
725 SOUTH NORTHLAKE BLVD. #69
ALTAMONTE SPRINGS FL 32701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Crotts, Cynthia D
7534 Dockside St.
Winter Park, FL 32792 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Cynthia D. Crotts* CYNTHIA D. CROTTS 4-28-00 407-679-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)