

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058076

1. Entity Name

CONCRETE ILLUSIONS, INC.

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

02-28-2000 90066 025 ***150.00

Principal Place of Business

7890 SKYVIEW LANE
NAVARRE FL 32566

Mailing Address

7890 SKYVIEW LANE
NAVARRE FL 32566-7949

2. Principal Place of Business

Navarre, Gulf Breeze Florida

Suite, Apt. #, etc.

3. Mailing Address 7890 Skyview Blvd

~~7890 Skyview Blvd~~

Suite, Apt. #, etc.

City & State

Navarre Florida

Zip

32566

Country

City & State

Zip

Country

4. FEI Number

59-3594205

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

RUSSELL, GARRETT G
7890 SKYVIEW BLVD.
NAVARRE FL 32566

Name

James R Myers

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

7890 Skyview Blvd

City

Navarre

FL

Zip Code

32566

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

James R Myers

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

(NOTE: Registered Agent signature required when reinstating)

2/9/00

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	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, GARRETT G	
STREET ADDRESS	7890 SKYVIEW BLVD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, JAMES R	
STREET ADDRESS	7890 SKYVIEW BLVD.	
CITY-ST-ZIP	NAVARRE FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myers, James R	
STREET ADDRESS	7890 Skyview Blvd	
CITY-ST-ZIP	Navarre, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

James R Myers, President, CFO

2/9/00

850-240-1297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)