2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000058076**

1. Entity Name
CONCRETE ILLUSIONS, INC.

Principal Place of Business	Mailing Address
NAVARRE GULF BREEZE FLORIDA	7890 SKYVIEW LANE
NAVARRE FL	NAVARRE FL
32566	32566

2. Principal Place of Business	3. Mailing Address
	7896 PLEASANT OAK AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAVARRE FL
Zip / Country	Zip: 32566 / Country

DO NOT WRITE IN THIS SPACE

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

MYERS JAMES R
7890 SKYVIEW BLVD.
NAVARRE FL
32566 US

7. Name and Address of New Registered Agent

Name: MYERS JAMES R
Street Address (P.O. Box Number is Not Acceptable): 7896 PLEASANT OAK AVE
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 ______________________ 04/16/2001
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, 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	PCFO ☐ Delete	TITLE	PCFO ☒ Change ☐ Addition
NAME	MYERS JAMES R	NAME	MYERS JAMES R
STREET ADDRESS	7890 SKYVIEW BLVD.	STREET ADDRESS	7896 PLEASANT OAK AVE
CITY-ST-ZIP	NAVARRE FL 32566	CITY-ST-ZIP	NAVARRE FL 32566
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: James R Myers PCFO 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #