

2000 UNIFORM BUSINESS REPORT (UBR)

082400102327

DOCUMENT # P99000102327

1. Entity Name
CONCEPTS AND FURNITURE OF FLORIDA, INC.

Principal Place of Business
204 CESSNA BLVD.
DAYTONA BEACH FL 32124

Mailing Address
204 CESSNA BLVD.
DAYTONA BEACH FL 32124

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612502

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKER, REBECCA M ESQ.
57 NICHOLAS COURT
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

SAME

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DELROSE, DOROTHY CAREY
204 CESSNA BLVD.
DAYTONA BEACH FL 32124

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DELROSE, ROBERT
204 CESSNA BLVD.
DAYTONA BEACH FL 32124

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NO LONGER WITH THE COMPANY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
02/14/00 90183 008 150100

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

(904) 788-8428
Date Daytime Phone #

CR2E034 (5/00)

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P99000102327

Dear Department of State,

Upon receiving second documentation for the annual report I contacted your office to find out the reason why.

At this time it was indicated that the original report had been rejected due to missing information. I was unaware of this since I did not received any type of notification and the check in the amount of \$ 150.00 dollars had cleared my account, I assumed everything was in order.

Thank-you for your time and consideration, please contact me at either (904) 788-8428 if I could be of any assistance or should there be any questions.

Thank-you,


Dorothy Carey DelRose