

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90100 026 \*\*\*150.00

DOCUMENT # **P02000024284**



1. Entity Name  
**CULMAN ENTERPRISES, P.A.**

Principal Place of Business  
**1080 BAL HARBOR BLVD 9C  
PUNTA GORDA FL 33950-6559**

Mailing Address  
**1080 BAL HARBOR BLVD 9C  
PUNTA GORDA FL 33950-6559**



2. Principal Place of Business

3. Mailing Address  
**1133 Bal Harbor Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**#1139**

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Punta Gorda, FL**

4. FEI Number

**03-0397375**

Applied For

Not Applicable

Zip

Country

**33950**

Country  
**USA**

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

**KOCH, REXFORD R CPA  
252 W. OLYMPIA AVENUE  
PUNTA GORDA FL 33950**

Name  
**Marjorie Culman**

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

**1133 Bal Harbor Blvd  
Unit 1139**

City  
**Punta Gorda**

**FL**

Zip Code  
**33950**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marjorie A. Culman*  
Signature, typed, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-3-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Louis P. Culman</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1133 Bal Harbor Blvd</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President &amp; Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Marjorie Culman</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1133 Bal Harbor Blvd</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Punta Gorda, FL 33950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie A. Culman* **President** **4-3-03** **703 803 7565**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)