

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-10-2001 90124 036 ***150.00

DOCUMENT # 560904

1. Entity Name

DEBORAH KURTZ & ASSOCIATES, INC.

Principal Place of Business

601 CLEVELAND ST. #210
 CLEARWATER FL 34615

Mailing Address

601 CLEVELAND ST. #210
 CLEARWATER FL 34615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1802335**

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

BOYER, WAYNE J.
1968 BAYSHORE DRIVE
DUNEDIN FL 33528

Name

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

Ferguson, Christopher C.

One Beach Drive SE, Suite 205

City

St. Petersburg

FL

Zip Code
33701

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, 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

TITLE **PSD** ☐ Delete
 NAME **KURTZ, DEBORAH**
 STREET ADDRESS **255 COUNTRY CLUB DR D-133**
 CITY-ST-ZIP **LARGO FL**

TITLE **VT** ☐ Delete
 NAME **KURTZ, SAMANTHA**
 STREET ADDRESS **601 CLEVELAND ST #210**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 empowerments.

SIGNATURE

Samantha B. Kurtz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

727-441-2404

Daytime Phone #

CR2E034 (10/00)