

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90006 015 ***150.00

DOCUMENT # 562483

1. Entity Name
CURTIS CONSTRUCTION, INC.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 3934 WAKE AVE SARASOTA FL 34241 US | 3934 WAKE AVE SARASOTA FL 34241-6009 US |

| | |
|--|--|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. SARASOTA | Suite, Apt. #, etc. SARASOTA |
| City & State FL. | City & State FL. |

| | | | |
|---------------------|-----------------------|---------------------|------------------------|
| Zip 34241 | Country USA | Zip 34241 | Country USA. |
|---------------------|-----------------------|---------------------|------------------------|



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1822502**

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, ALBERT J.
3934 WAKE AVE
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name **ALBERT J. CURTIS**
 Street Address (P.O. Box Number is Not Acceptable)
3934 WAKE AVE
SARASOTA
 City **FL** Zip Code **34241**

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 *Albert J. Curtis* **ALBERT J. CURTIS** April 7, 2000
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, 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 NAME STREET ADDRESS CITY-ST-ZIP | P CURTIS, ALBERT J. 3934 WAKE AVE SARASOTA FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CURTIS, ALBERT J. 3934 WAKE AVE SARASOTA FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Albert J. Curtis* **ALBERT J. CURTIS** 4-7-00 941-371-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)