

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90095 022 ***158.75

DOCUMENT # F01000003573

1. Entity Name
CURA FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
7305 BAY ST., #12 P.O. BOX 67153
ST PETERSBURG BEACH FL 33706 ST PETERSBURG FL 33736

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 **59-3742510** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEGLEY, MICHAEL
7305 BAY ST., #12
ST PETE BEACH FL 33706

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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, 2002 Fee 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	P	<input type="checkbox"/> Delete
NAME	BEGLEY, MICHAEL J	
STREET ADDRESS	P.O. BOX 67153	
CITY-ST-ZIP	ST PETERSBURG FL 33736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

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

SEPT 10, 2002 **656-2911**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
Doc. # FD1000003573 980428

CURA FINANCIAL SERVICES, INC.
P.O. Box 67153
St. Petersburg, FL 33736

September 10, 2002

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

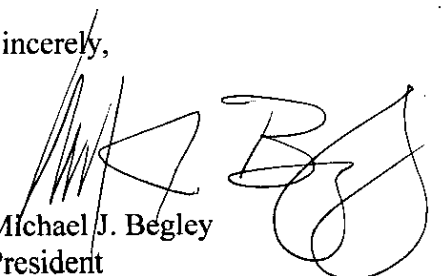
Re: REQUEST FOR WAIVER OF LATE FEES

To Whom It May Concern:

Enclosed is a check for \$158.75 for my annual UBR fee of \$150 and \$8.75 for a Certificate of Status. I am requesting the late fees be waived for not paying my fees in a timely manner. This is the first year I have incorporated in Florida and I am unfamiliar with the filing deadlines and fees. I do not recall receiving any prior notice from the Division of Corporations and because I have been traveling extensively I only received this notice yesterday.

It is my sincerest hope you accept my appeal for a waiver of late fees.

Sincerely,


Michael J. Begley
President

Cura Financial Services, Inc.