

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90074 006 \*\*\*150.00

**DOCUMENT # G25638**

1. Entity Name

**PORT ST. LUCIE ENTERPRISES, INC.**

Principal Place of Business

C/O MARY A. KURTZ  
 4706-102 ALEXANDER VALLEY DR.  
 CHARLOTTE NC 28270  
 US

Mailing Address

C/O MARY A. KURTZ  
 4706-102 ALEXANDER VALLEY DR.  
 CHARLOTTE NC 28270  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6621 VLOSI DR.

Suite, Apt. #, etc.

City & State

CHARLOTTE, NC

Zip

28226

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2471835**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AKROYD, CARLTON  
 761 HOLIDAY DR.  
 PUNTA GORDA FL 33950

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.

SIGNATURE Carlton Akroyd

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-26-01

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 **P** ☒ Delete  
 NAME **KURTZ, MARY A**  
 STREET ADDRESS **4706-102 ALEXANDER VALLEY DR.**  
 CITY-ST-ZIP **CHARLOTTE NC 28270**

TITLE **V** ☐ Delete  
 NAME **FRANK, DIANE K**  
 STREET ADDRESS **1414 CRESCENT ST**  
 CITY-ST-ZIP **MONROE NC 28112**

TITLE **ST** ☐ Delete  
 NAME **FRANK, JOHN M**  
 STREET ADDRESS **1414 CRESCENT ST.**  
 CITY-ST-ZIP **MONROE NC 28112**

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 **P** ☒ Change ☐ Addition  
 NAME **KURTZ, MARY A**  
 STREET ADDRESS **6621 VLOSI DR.**  
 CITY-ST-ZIP **CHARLOTTE, NC 28226**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ 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: Mary A. Kurtz **MARY A. KURTZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-01

Date

704-540-5770

Daytime Phone #

CR2E034 (10/00)