

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H03012

1. Entity Name

MID-FLORIDA CURB CORPORATION

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90098 003 ***150.00

Principal Place of Business

Mailing Address

333 FALKENBURG
A-109
TAMPA FL 33840
US

P.O. BOX 1163
P.O. BOX 1163
EATON PARK FL 33840-1163
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2406108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BYWATER, JOSEPH G.
1828 SOUTH FLORIDA AVENUE
LAKELAND FL 33803

Name

Al Lopez, Jr.

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

4600 W. Cypress St. Ste. 500

City

Tampa

FL

Zip Code

33607

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.

Al Lopez Jr.

2/1/2000

Signature, typed or printed name of registered agent and file 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	P	<input type="checkbox"/> Delete
NAME	CORNS, HENRY R.	
STREET ADDRESS	10108 LYNN AVENUE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	S	<input type="checkbox"/> Delete
NAME	CORNS, EMILY J	
STREET ADDRESS	10108 LYNN AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, CAROLE	
STREET ADDRESS	34741 EAGLES PEAK PLACE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAROLD E. WHITE	
STREET ADDRESS	34741 EAGLES PEAK PLACE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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)(l), 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:

Emily J. Corns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

654-4224

Daytime Phone #

CR2E034 (9/99)