

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90091 009 \*\*\*150.00

DOCUMENT # J20606

1. Entity Name

THE CURTISS GROUP/OUTPLACEMENT CONSULTANTS OF MIAMI, INC.



Principal Place of Business

2500 WESTON RD

211

FT LAUDERDALE FL 33331

US

Mailing Address

2500 WESTON RD

211

FT LAUDERDALE FL 33331

US

2. Principal Place of Business

2800 Weston Rd.

3. Mailing Address

2800 Weston Rd.

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA

6. Name and Address of Current Registered Agent

FERGUSON, G. ARNOTT

1900 N KRONE AVE

HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

Name

Craig Catler, Attorney

Street Address (P.O. Box Number is Not Acceptable)  
8751 W Broward Blvd - #305

City

Plantation

FL

Zip Code

33324

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

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRANK, WILLIAM E.  
STREET ADDRESS 7859 MANDARIN DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433 ☒ Delete

TITLE D  
NAME SHINN, KARL  
STREET ADDRESS 2491 N ARAGON BLVD 8105 SW 22 Ct.  
CITY-ST-ZIP SUNRISE FL 33322 Davie, FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD  
NAME SHINN, KARL  
STREET ADDRESS 8105 SW 22 Ct.  
CITY-ST-ZIP Davie, FL 33324 ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03 954 389 1900

CR2E034 (10/02)