## 2003 FOR PROFIT CORPORATION

Mailing Address

## **UNIFORM BUSINESS REPORT (UBR** J57236 DOCUMENT #

1. Entity Name

Principal Place of Business

CURTIS BUSINESS SERVICES, INC.

4781 NO. CONGRESS AVE BOYNTON BEACH FL 33426 US			770 HORIZONS E. #110 BOYNTON BCH FL 33435 US									
2. Principal Place of Business				3. Mailing Address					1	eri arail biri		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number 59-2771983			Applied For Not Applicable	
Zip -	Country		Zip	Zip Coul		ntry					88.75 Additional ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
Curtis, Kenneth R.				Street Ade			ddrana (D)	no (D.O. Bou Ni web as in Not Appoint high				
770 HORI							Street Address (P.O. Box Number is Not Acceptable)					
#110				<del>-</del>								
BOYNTON BCH FL 33435						City			FL	Zip Co	ode	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  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.	Add	00 May Be ed to Fees	
10. OFFICERS AND							<del></del>	ADI	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	R\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	770 HORIZ	ENNETH R. ONS EAST #110 BCH FL 33435		□ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	· Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				⁻☐ Delete -			TT gar			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	•	1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ 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:

**FILED** 

Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90166 006 \*\*\*150.00