

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90006 012 ****55.00

DOCUMENT # L02000034704

1. Entity Name

CURVES FOR WOMEN LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Curves for Women LLC

10036 University Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10036 University Blvd

City & State Orlando FL 32817

City & State Orlando FL

Zip 32817

Country USA

Zip 32817

Country USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Donna Paskach

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

10036 University Blvd

City

Orlando

FL

Zip Code

32817

**DO NOT WRITE
IN THIS SPACE**

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

Donna Paskach

President

2/26/03

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE President
NAME Donna Paskach
STREET ADDRESS 10036 University Blvd
CITY-ST-ZIP Orlando FL 32817

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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donna Paskach (Pres)

Date

Daytime Phone #

2/26/03

407-678-3220

CR2E083B (12/02)