

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90191 008 ***150.00

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DOCUMENT # L52819

1. Entity Name
CURT'S AIR REPAIR, INC.



Principal Place of Business
**10120 NW 21ST COURT
7790 NW 33RD ST.
PEMBROKE PINES FL 33026
US**

Mailing Address
**C/O CURT RICHARDSON
10120 NW 21 COURT
PEMBROKE PINES FL 33026
US**



2. Principal Place of Business

3. Mailing Address

7881 SHERIDAN ST

7881 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HLWD. FL

HLWD FL

Zip

Country

Zip

Country

33024

US

33024

US

4. FEI Number **65-0193786**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, CURT
10120 NW 21 COURT
PEMBROKE PINES FL 33026**

Name **RICHARDSON CURT**

Street Address (P.O. Box Number is Not Acceptable)
7881 SHERIDAN ST.

City **Hollywood**

FL

Zip Code **33024**

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 **CURT L RICHARDSON** **PRESIDENT** **4-3-03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CURT 10120 NW 21 COURT PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CURT L RICHARDSON** **PRESIDENT** **4-3-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)