

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90202 045 \*\*\*\*55.00

**DOCUMENT # L99000008876**

1. Entity Name

**BLYMIE, CURTAS & SUCHY, LLC**

Principal Place of Business

**C/O WILLIAM BLYMIE  
 216 MONCEAUX ROAD  
 WEST PALM BEACH FL 33405**

Mailing Address

**C/O WILLIAM BLYMIE  
 216 MONCEAUX ROAD  
 WEST PALM BEACH FL 33405**

2. Principal Place of Business

**c/o William Curtas**

Suite, Apt. #, etc.

**213 Shorewood Drive**

City & State

**Tavares, FL**

Zip

**32778**

Country

**USA**

3. Mailing Address

**c/o William Curtas**

Suite, Apt. #, etc.

**213 Shorewood Drive**

City & State

**Tavares, FL**

Zip

**32778**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0969873**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DARYL CRAMER & ASSOCIATES, P.A.  
 515 NORTH FLAGLER DRIVE  
 STE 910  
 WEST PALM BEACH FL 33401-4325**

7. Name and Address of New Registered Agent

Name

**William W. Curtas**

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

**213 Shorewood Drive**

City

**Tavares**

**FL**

Zip Code  
**32778**

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CURTAS, WILLIAM W 711 WEST HURST BLVD. HURST TX 76053</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUCHY, EDWARD 1401 VILLAGE BLVD., #217 WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLYMIE, WILLIAM 216 MONCEAUX ROAD WEST PALM BEACH FL 33405</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>213 Shorewood Drive Tavares, FL 32778</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>834 Briarwood Drive West Palm Beach, FL 33415</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

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:

*[Signature]*  
**William W. Curtas, Managing Member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/02

(352) 742-9926

Date

Daytime Phone #