

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90121 027 ***150.00

DOCUMENT # M74542

1. Entity Name
CURLY, INC.



Principal Place of Business
LEBOEUF, LAMB, GREENE & MACRAE
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202
US

Mailing Address
LEBOEUF, LAMB, GREENE & MACRAE
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202
US



2. Principal Place of Business
Property Planning, Inc.
Suite, Apt. #, etc.
5001 Phillips Hwy #7B
City & State
Jacksonville FL
Zip
32207
Country
US

3. Mailing Address
Property Planning Inc
Suite, Apt. #, etc.
5001 Phillips Hwy #7B
City & State
Jacksonville FL
Zip
32207
Country
US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2888040**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, KARL
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, KARL B., JR. 50 N. LAURA ST, ST 2800 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARSONS, A.T., JR. 5001 PHILLIPS HWY. #7B JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST DRUMMOND, KENNETH W 5001 PHILLIPS HWY # 7B JACKSONVILLE FL 32207	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

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 affidavit of all other like empowered.

SIGNATURE: **SCOTT A. PARSONS JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-03 **904 737-1245**
Date Daytime Phone #

CR2E034 (10/02)