

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/0

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-19-2001 90081 014 ***150.00

DOCUMENT # P00000014269

1. Entity Name

CURE-IT, INC.

Principal Place of Business

8600 W. HWY. 98
PANAMA CITY BEACH FL 32407

Mailing Address

8600 W. HWY. 98
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

8600 Front Beach Road
Suite, Apt. #, etc.

3. Mailing Address

8600 Fr. Bc. Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach FL
Zip 32407 Country Bay

City & State

Panama City Beach FL
Zip 32407 Country Bay

4. FEI Number

59-3632405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TUCKER, JAMES L
8800 W. HWY. 98
PANAMA CITY BEACH FL 32407

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.

SIGNATURE

James L. Tucker James L. Tucker

1-9-2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President
NAME James L. Tucker
STREET ADDRESS 8600 Fr. Bc. Rd.
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Delete

TITLE Vice Pres.
NAME Brenda D. Tucker
STREET ADDRESS 8600 Fr. Bc. Rd.
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Delete

TITLE 3cc + Trust
NAME Brenda D. Tucker
STREET ADDRESS 8600 Fr. Bc. Rd.
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James L. Tucker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-2001-850-234-3893

Date

Daytime Phone #

CR2E034 (1/000)