## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 20, 2002 8:00 am Secretary of State P00000014269 DOCUMENT # 1. Entity Name 02-20-2002 90051 043 \*\*\*150 00 CURE-IT. INC. Principal Place of Business Mailing Address 8600 FRONT BEACH RD. 8600 FRONT BEACH RD. PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State ... City & State Applied For 59-3632405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCKER, NAMES L Street Address (P.O. Box Number is Not Acceptable) 8600 W. HWY. 98 PANAMA CITY BEACH FL 32407 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE Tucker. James L NAME NAME STREET ADDRESS 8600 FRONT BEACH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Addition VΡ ☐ Delete TITLE Change TITLE NAME TUCKER, BRENDA D NAME STREET ADDRESS 8600 FRONT BEACH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BEACH FL 32407 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ST NAME NAME Tucker, Brenda D STREET ADDRESS STREET ADDRESS 8600 FRONT BEACH RD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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Date Daytime Phone # SIGNATURE: 🕹

changed, or on an attachment with an address, with all other like empowered.