

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 91341 004 ***150.00

DOCUMENT # P00000061444

1. Entity Name
HOT CURVES, INC.



Principal Place of Business
3702 BAY TO BAY BLVD.
TAMPA FL 33629

Mailing Address
3702 BAY TO BAY BLVD.
TAMPA FL 33629

55042661



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State

City & State

4. FEI Number
59-3654913

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, K.W. JR.
3702 BAY TO BAY BLVD.
TAMPA FL 33629

DECEASED

Name
SUZANNE B. MOORE
Street Address (P.O. Box Number is Not Acceptable)
3702 BAY TO BAY BLVD

City **TAMPA** **FL** **Zip Code** **33629**

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 *Suzanne B. Moore*

5/15/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **MOORE, SUZANNE B**
STREET ADDRESS **3702 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE **STD** ☒ **Delete**
NAME **MOORE, K W JR**
STREET ADDRESS **3702 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

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: *Suzanne B. Moore* **SUZANNE B. MOORE**

4/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)