

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90188 022 \*\*\*150.00

0403448 AV

**DOCUMENT # P00000066775**

1. Entity Name  
**CURBS INC.**

Principal Place of Business  
**508 SE 6TH TERR  
 CAPE CORAL FL 33990**

Mailing Address  
**508 SE 6TH TERR  
 CAPE CORAL FL 33990**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**324 SE 55+**  
 Suite, Apt. #, etc.

3. Mailing Address  
**324 SE 55+**  
 Suite, Apt. #, etc.

City & State  
**CAPE CORAL FL**  
 Zip  
**33990**  
 Country

City & State  
**CAPE CORAL FL**  
 Zip  
**33990**  
 Country  
**USA**

4. FEI Number  
**65-1035712**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DASTA, RUDOLPH  
 508 SW 6 TERR.  
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **Rudolph DASTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**324 SE 55+**  
 City **CAPE CORAL FL** Zip Code **33990**

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

**4-15-02**  
 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, 2002 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 **D** ☐ Delete  
 NAME **DASTA, RUDOLPH**  
 STREET ADDRESS **508 SE 6TH TERR**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 NAME  
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)