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

DOCUMENT #	P00000083665
1 Entitu Moran	

 Entity Name JUDITH B. CURTIS, PA



## FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90237 004 \*\*\*150.00

						A SOUTH THE	/					
Principal Place of Business 204 POINCIANNA LANE LARGO FL 33770				Mailing Address 204 POINCIANNA LANE LARGO FL 33770								
Principal Place of Business     3. Mailing Address							$\dashv$					
Suite, Apt. #, etc. Suite, Apt. #, etc.							_					
City & State				City & State			_	CHECK HERE IF MAKING CHANGES  4. FEI Number TO 0000004				
								4. FEI Number 59-3668894 Applied For Not Applicable				
Zip	- •	Country	Zip		Count	ry	5.	. Certificate of Status Desired.	□ <b>\$</b>	<b>8.75</b> Ad ee Require	ditional ed ~~~ ~	
· · ·	6. Name	and Address of C	urrent Registere	ed Agent		Name *	7.	Name and Address of New Regis	tered Ag	jent		
CURTIS, J	JUDITH B					1						
=	CIANNA LA	NE			Į	Street Addre	ss (P.O.	Box Number is Not Acceptable)				
LARGO FI	L 33770											
						City	·-		FL	Zip Cod	le	
8. The above	e named entit	y submits this stater	nent for the purp	ose of changing its r	registered	d office or regis	stered a	agent, or both, in the State of Florida.	. I am far	ı niliar with,	and accept-	
•	Ū	orda agont.				ż.						
SIGNATURE		or printed name of registere	ed agent and title if app	licable. (NOTE:	Registered	Agent signature requ	vired when	reinstating)	DATE			
		! FEE IS \$150.0		<del> </del>	-	<del>-,</del>		9. Election Campaign Financi	na .			
		)3 Fee will be \$5! Florida Departm						Trust Fund Contribution.			<b>0</b> May Be i to Fees	
10.			AND DIRECTO	RS	11.	<del>-</del>	Α	_   DDITIONS/CHANGES TO OFFICER	S AND C	IRECTOR	S IN 11	
TITLE	D	UDITAL D		☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	CURTIS, JI 204 POINC	JANNA LANE			NAME STREET	ADDRESS						
CITY-ST-ZIP	LARGO FL				CITY-S	- 1						
TITLE				☐ Delete	TITLE	-			[	Change	Addition	
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TITLE		<u></u>		☐ Delete	TITLE		·			] Change	☐ Addition	
NAME STREET ADDRESS					NAME STREET	ADDRESS						
CITY-ST-ZIP					CITY-ST	T-ZIP						
12. I hereby c	ertify that the	information supplie	d with this filing o	loes not qualify for th	ne exemp	otion stated in	Section	119.07(3)(i), Florida Statutes. I furth-	er certify	that the in	formation	

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 changed, or on an attachment with an address, with all other like empowered. (121)

SIGNATURE:

581-5680