

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090834

1. Entity Name  
ARTHRITISIZE, INC.

Principal Place of Business  
440 WILSON AVENUE  
SATELLITE BEACH FL 32937

Mailing Address  
440 WILSON AVENUE  
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3682082

Applied For

Not Applicable

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

KOSSIVER, DAVID  
440 WILSON AVENUE  
SATELLITE BEACH FL 32937

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

Signature of current or former registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8 March 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CURTY, BARBARA I  
STREET ADDRESS 440 WILSON AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition  
NAME ~~BARBARA E. CURTY~~  
STREET ADDRESS 317 JUPITER DRIVE  
CITY-ST-ZIP SATELLITE BEACH, FLORIDA 32937

TITLE D ☐ Delete  
NAME KOSSIVER, DAVID  
STREET ADDRESS 440 WILSON AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE D ☐ Delete  
NAME KOSSIVER, LINDA  
STREET ADDRESS 440 WILSON AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

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

TITLE D ☐ Delete  
NAME CURTY, EUGENE P  
STREET ADDRESS 440 WILSON AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS 317 JUPITER DRIVE  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

Barbara Curty, PRES  
BARBARA CURTY

Date

Daytime Phone #

3/8/01 (321) 777-1751

0081464

CR2E034 (10/00)

FILED  
Apr 09, 2001 8:00 am  
Secretary of State  
04-09-2001 90002 033 \*\*\*158.75

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DO NOT WRITE IN THIS SPACE