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2001	UNIFO	RM BUSI	NESS REPO	RT (UB	R)_	08-16-2001 9	0007 042 ***1	50.00	WTZ10
DOCUMENT # P0100001955						FILPO 000001955 SELKE TARY OF STATE THATSION OF CORPORATIONS			§ 8
CURTOO	M COMPANIE	ES, INC.				\			-
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Principal Plac 5118 N. 56TH TAMPA-FL 33			Mailing Address POST OFFICE BOX 76192 TAMPA FL 33675			E HERWEN IN PRINCIPAL RAIN ENGLISCH	1878: 410/110/18	Officia Part XIII	
2. Principal F	Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.54-3693467	. —	oplied For ot Applicable]	
Zip •	Co	untry	Zlp	Country		5. Certificate of Status Desired	CO 75	ditional	
	6. Name and	Address of Current Re	gistered Agent -			7. Name and Address of New Regis	ered Agent		.
OLIZONO P	0410 504450			Name					1
CURTIS, PAUL EDWARD			Street	Address (P.	O. Box Number is Not Acceptable)			1	
	EXFORD HILLS R	OAD .		<u> </u>					┨
HIVEHVIE	W FL 33568							<u> </u>	
				City		,	FL Zip Cod	e	
8. The above	named entity subr	nits this statement for the	ne purpose of changing its	egistered office	or registered	agent, or both, in the State of Florida.			1
	,				•	•			}
SIGNATURE .	Signature, typed or prints	id name of registered agent and	title if applicable. (NOTE:	Registered Agent sign	w bariuper eruter	nen reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta		be \$750.00	10. Election Campaign Financia Trust Fund Contribution.				
11.		OFFICERS AND DI	RECTORS	12.		 		S IN 11	ł
TITLE NAME	D			1-4		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR		۱_
100	CURTIS, PAUL		Delete	TITLE NAME		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR:	Addition	(1,01)
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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 eath; 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 blyfor like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TABLE OF SIGNING OFFICER OR DIRECTOR

Dept. The proof of the corporation of the receiver of trustee empowered to execute the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of the receiver of trustee empowered to execute the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute the same legal effect as if under eath; that I am an officer or director of the corporation of PAUL GOWARD CURTIS