

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90107 012 \*\*\*150.00

**DOCUMENT # P01000048434**

**1. Entity Name**  
**CURBSIDE INVESTMENTS CORP.**

**Principal Place of Business**

**1673 MONTEREY DRIVE**  
**CLEARWATER FL 33756**

**Mailing Address**

**1673 MONTEREY DRIVE**  
**CLEARWATER FL 33756**

**2. Principal Place of Business**

**1372 S Hillcrest Ave**

Suite, Apt. #, etc.

**3. Mailing Address**

**1372 S Hillcrest Ave**

Suite, Apt. #, etc.

**City & State**

**Clearwater FL**

**City & State**

**Clearwater FL**

**4. FEI Number**

**59-3715936**

**Applied For**

**Not Applicable**

**Zip**

**33756**

**Country**

**US**

**Zip**

**33756**

**Country**

**US**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PELTZ, JAMES**  
**1673 MONTEREY DRIVE**  
**CLEARWATER FL 33756**

**7. Name and Address of New Registered Agent**

**Name**

**James Peltz**

**Street Address (P.O. Box Number is Not Acceptable)**

**1372 S Hillcrest Ave**

**City**

**Clearwater**

**FL**

**Zip Code**

**33756**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**JAMES V. PELTZ**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/7/02**

**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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>PELTZ, JAMES</b>
<b>STREET ADDRESS</b>	<b>1673 MONTEREY DRIVE</b>
<b>CITY-ST-ZIP</b>	<b>CLEARWATER FL 33756</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>MOORE, JONATHAN</b>
<b>STREET ADDRESS</b>	<b>600 STARKEY ROAD APT 1307</b>
<b>CITY-ST-ZIP</b>	<b>LARGO FL 33771</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>James Peltz</b>
<b>STREET ADDRESS</b>	<b>1372 S Hillcrest Ave</b>
<b>CITY-ST-ZIP</b>	<b>Clearwater FL 33756</b>
<b>TITLE</b>	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Jonathan Moore</b>
<b>STREET ADDRESS</b>	<b>1372 S Hillcrest Ave</b>
<b>CITY-ST-ZIP</b>	<b>Clearwater FL 33756</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**4-7-02 / 727-215-0116**

CR2E034 (9/01)