


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/2

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90107 011 \*\*\*150.00  
09-02-2003 90184 028 \*\*\*400.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> P01000110696                 |  |
| <b>1. Entity Name</b><br>THE CURVY CHICK, INC. |   |

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| <b>Principal Place of Business</b><br>916 FIRETREE RD.<br>N. PALM BCH FL 33408 | <b>Mailing Address</b><br>916 FIRETREE RD.<br>N. PALM BCH FL 33408 |
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| <b>2. Principal Place of Business</b><br>437 Harbour Rd<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>11380 Prosperity Farms Rd<br>Suite, Apt. #, etc.<br>112 |
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|   |   |
|---|---|
| <b>City &amp; State</b><br>North Palm Beach, FL | <b>City &amp; State</b><br>Palm Beach Gardens, FL |
| <b>Zip</b><br>33408                             | <b>Zip</b><br>33410                               |
| <b>Country</b><br>USA                           | <b>Country</b><br>USA                             |

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>04-3589168 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> \$8.75 Additional Fee Required |
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| <b>6. Name and Address of Current Registered Agent</b><br>BENJAMIN, HEATHER<br>916 FIRETREE RD.<br>N. PALM BCH FL 33408 |
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| <b>7. Name and Address of New Registered Agent</b><br><b>Name</b><br><b>Street Address (P.O. Box Number is Not Acceptable)</b><br><b>City</b> FL <b>Zip Code</b> |
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**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. I am familiar with, and accept the obligations of registered agent.**

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|---|-------------|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and use if applicable. | <b>DATE</b> |
|---|-------------|

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| <b>FILE NOW!!! FEE IS \$550.00</b><br>After September 10, 2003 Fee will be \$750.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                 |                                 |
|--|---------------------------------|
| <b>TITLE</b><br>PD                         | <input type="checkbox"/> Delete |
| <b>NAME</b><br>BENJAMIN, HEATHER R         |                                 |
| <b>STREET ADDRESS</b><br>916 FIRETREE RD.  |                                 |
| <b>CITY-ST-ZIP</b><br>N. PALM BCH FL 33408 |                                 |
| <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>                         |                                 |
| <b>TITLE</b>                               | <input type="checkbox"/> Delete |
| <b>NAME</b>                                |                                 |
| <b>STREET ADDRESS</b>                      |                                 |
| <b>CITY-ST-ZIP</b>                         |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| <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>                                    |   |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>   |   |
| <b>STREET ADDRESS</b>                                 |   |
| <b>CITY-ST-ZIP</b>                                    |   |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

|   |                                     |
|---|-------------------------------------|
| <b>SIGNATURE:</b>  | <b>SIGNATURE REQUIRED</b>           |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date Daytime Phone #</small> |

CR2E034 (4/03)