

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90115 006 ***150.00

DOCUMENT # P02000003560

1. Entity Name
CURB DESIGNS/CURBIT, INC.



Principal Place of Business
**4250 ALAFAYA TRAIL, SUITE 212-137
OVIEDO FL 32765**

Mailing Address
**4250 ALAFAYA TRAIL, SUITE 212-137
OVIEDO FL 32765**



2. Principal Place of Business
**6238 University Blvd
Suite, Apt. #, etc.
15**

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
Same

4. FEI Number
02-0558351

Applied For
Not Applicable

Zip Country
32972 Seminole

Zip Country
32972 Seminole

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, WADE F JR.
118 E. JEFFERSON ST.
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | | |
|----------------------------|------------------------|---------------------------------|--|
| TITLE | President | <input type="checkbox"/> Delete | |
| NAME | Gary Martin | | |
| STREET ADDRESS | 4150 Rosewood Dr. | | |
| CITY-ST-ZIP | Orlando, FL 32806-7811 | | |
| TITLE | Vice President | <input type="checkbox"/> Delete | |
| NAME | Jesus Tacoronte | | |
| STREET ADDRESS | 14443 Dover Forest Dr. | | |
| CITY-ST-ZIP | Orlando, FL 32828 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 407 766 4005
Date Daytime Phone #

CR2E034 (10/02)