

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

07-17-2003 90033 048 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000043204

1. Entity Name
CURBSIDE WHEEL RECONDITIONING, INC.



55052651

Principal Place of Business
1454 SW MEDINA AVE
PORT ST. LUCIE FL 34953

Mailing Address
1454 SW MEDINA AVE
PORT ST. LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEN Number

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

ROSTVEIT, EDDIE J
1454 SW MEDINA AVE
PORT ST. LUCIE FL 34953

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

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

(NOTE: Registered Agent signature required when reelecting)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55052831

#P0200043204

To Whom it may concern:

7/1/02

This is the one and only copy
I have received this year. I
received this in the mail the 3rd
week in June. I went on vacation &
lost this (should have been in before
May 1st, but this is my one and
only copy. Honest! Any problems
call me at home at 1-512-813-0226,
or cell at 1-442-528-3021.

Thanks,
Cathy Rickett