**FILED**
**Jun 12, 2003 8:00 am**
**Secretary of State**
05-01-2003 90191 024 ***150.00

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# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095712 (L)

1. Entity Name
JOE Curb, INC.

**DO NOT WRITE IN THIS SPACE**

55047877

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2209 2nd Ave. E. | 2209 2nd Ave. E. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bradenton | City & State: FL |
| Zip: 34208 Country: USA | Zip: 34208 Country: USA |

4. FEI Number: 48-1274041 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Joseph A. Williams
Street Address (P.O. Box Number is Not Acceptable): 2209 2nd Ave. E.
City: Bradenton FL Zip Code: 34208

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: Allison Barsalou-Williams / Joseph A Williams / Allison Barsalou-Williams / Joseph A Williams DATE: 5/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1st - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | Joseph A. Williams<br>owner / President<br>2209 2nd Ave E<br>Bradenton, FL 34208 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice-President<br>Allison A Barsalou-Williams<br>2209 2nd Ave E<br>Bradenton FL 34208 |
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** JOSEPH A WILLIAMS PRESIDENT 4/25/03 941-744-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Allison Barsalou-Williams Vice President
Allison Barsalou-Williams 5-20-03 941-744-2872