

P93000072592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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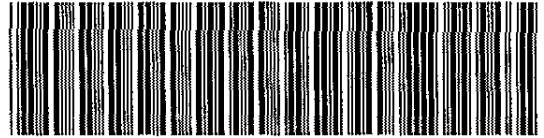
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SEMINOLE CURBS, INC.  
(Name of Corporation)

DOCUMENT NUMBER: P93000072592

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert T. Westman  
(Name of Contact Person)

Attorney  
(Firm/Company)

1970 Michigan Avenue Bldg. F  
(Address)

Cocoa, Florida 32922  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert T. Westman at ( 321 ) 690-1970  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2006

ROBERT T. WESTMAN  
1970 MICHIGAN AVE., BLDG. F  
COCOA, FL 32922

SUBJECT: SEMINOLE CURBS, INC.  
Ref. Number: P93000072592

We have received your document for SEMINOLE CURBS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 206A00008789

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DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Seminole Curbs, Inc.
2. The principal office address: 630 Cidco Road  
Cocoa, Florida 32926
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Oct. 13, 1993 Document number: P93000072592
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Kim Carlton Fortier

5855 Industrial Drive

Sharpes, Florida 32959

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tom Goodson

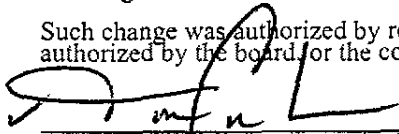
630 Cidco Road

(P.O. Box NOT acceptable)

Cocoa, Florida 32926


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board for the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Tom Goodson, President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

February 16, 2006  
(Date)

Tom Goodson

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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