

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015082

1. Entity Name

CURB CREATION OF FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90025 024 ***150.00

Principal Place of Business

1645 WINDY PINES DR
5
NAPLES FL 34112
US

Mailing Address

1645 WINDY PINES DR
5
NAPLES FL 34112-2775
US

2. Principal Place of Business

3751 JUNGLE PLUM DR EAST

Suite, Apt. #, etc.

NAPLES

City & State

NAPLES FL

Zip

34114

Country

Collier

3. Mailing Address

3751 JUNGLE PLUM DR EAST

Suite, Apt. #, etc.

NAPLES

City & State

NAPLES FL

Zip

34114

Country

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3227477

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMBLIN, EDWARD
1645 WINDY PINES DR
5
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name Tomblin, Edward

Street Address (P.O. Box Number is Not Acceptable)

3751 JUNGLE PLUM DR EAST

City

NAPLES

FL

Zip Code

34114

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-00

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	EDWARD TOMBLIN	
STREET ADDRESS	1645 WINDY PINES DR 5	
CITY-ST-ZIP	NAPLES FL 34112	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

Edward Tomblin Pres 1-6-00 941-732-8050

CR2E034 (9/99)