


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90130 019 ***150.00

DOCUMENT # P94000015082	
1. Entity Name CURB CREATION OF FLORIDA, INC.	

Principal Place of Business 3751 JUNGLE PLUM DR E NAPLES FL 34114 US	Mailing Address 3751 JUNGLE PLUM DR E NAPLES FL 34114 US
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2. Principal Place of Business 3050 TERRAMAR DR Suite, Apt. #, etc.	3. Mailing Address 3050 TERRAMAR DR Suite, Apt. #, etc.
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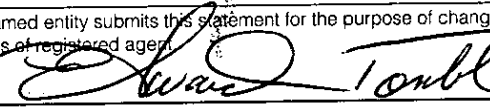
☐ CHECK HERE IF MAKING CHANGES

City & State NAPLES FL	City & State NAPLES FL
Zip 34119	Country Collier

4. FEI Number 59-3227477	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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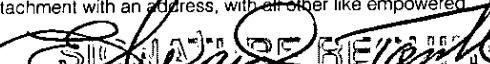
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TOMBLIN, EDWARD 3751 JUNGLE PLUM DR E NAPLES FL 34114	7. Name and Address of New Registered Agent Name: Tomblin, Edward Street Address (P.O. Box Number is Not Acceptable): 3050 TERRAMAR DR City: NAPLES FL Zip Code: 34119
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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:  DATE: 2-1-03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST EDWARD TOMBLIN 3751 JUNGLE PLUM DR E NAPLES FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Edward Tomblin 3050 TERRAMAR DR NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2-1-03 Daytime Phone #: 239-370-9221

CR2E034 (10/02)