## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P95000010435 CURTIS HOLDINGS, INC. 03-04-2000 90110 033 \*\*\*158.75 Mailing Address Principal Place of Business 720 SOUTH OCEAN BLVD 720 SOUTH OCEAN BLVD PALM BEACH FL 33480 PALM BEACH FL 33480-4813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0552617 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **CURTIS, ALAN** Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH OCEAN BLVD PALM BEACH FL 33480 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete NAME **CURTIS. ALAN** STREET ADDRESS STREET ADDRESS 720 SOUTH OCEAN BLVD CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Addition Change ☐ Delete TITLE NAME **CURTIS, CHRISTINE** NAME STREET ADDRESS 720 SOUTH OCEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receiver.

Davtime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR