

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000097973

FILED
Feb 10, 2003
Secretary of State

Entity Name: VAN CURA & ASSOCIATES, INC.

Current Principal Place of Business:

195 S. WESTMONTE DR. #15
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

509 W. WEKIVA COVE RD.
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-3351944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANCURA, WILLIAM P
509 WEKIVA COVE ROAD
LONGWOOD, FL 32779

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VANCURA, WILLIAM P
Address: 509 WEKIVA COVE ROAD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: VANCURA, HELEN M
Address: 509 WEKIVA COVE ROAD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN M VANCURA

TREA

02/10/2003

Electronic Signature of Signing Officer or Director

Date