

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91158 002 ***150.00

0537424 AV

DOCUMENT # P97000026818

1. Entity Name
CURTIS LEE WIMBERLY GENERAL CONTRACTOR INCORPORATED



Principal Place of Business
**7103 SUGAR MAGNOLIA CIRCLE
NAPLES FL 34109**

Mailing Address
**7103 SUGAR MAGNOLIA CIRCLE
NAPLES FL 34109**

11041399



2. Principal Place of Business
12921 BRYNWOOD WAY

3. Mailing Address
12921 BRYNWOOD WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number **59-3451467**

Applied For
Not Applicable

Zip
34105

Country
USA

Zip
34105

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WIMBERLY, CURTIS L~~
**7103 SUGAR MAGNOLIA CIRCLE
NAPLES FL 34109**

Name
WIMBERLY, CURTIS L (SAME AGENT)

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

12921 BRYNWOOD WAY (NEW ADDRESS)

City
NAPLES

FL

Zip Code
34105

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 **(SAME AGENT)**

DATE **4/25/03**

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. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WIMBERLY, JOCELYN B 7103 SUGAR MAGNOLIA CIRCLE NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIMBERLY, CURTIS LEE 7103 SUGAR MAGNOLIA CIRCLE NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: (Signature) REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

239-594-8808

Daytime Phone #

CR2E034 (10/02)