

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90073 016 ***150.00

DOCUMENT # P97000030399

1. Entity Name
CURLLESS AND PRIEDE, INC.



Principal Place of Business
**630 S. ORANGE AVE.
SARASOTA FL 34236**

Mailing Address
**630 S. ORANGE AVE.
SARASOTA FL 34236**

2. Principal Place of Business

2100 Constitution Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 147

City & State
SARASOTA FL

FL

City & State

Zip
34231

Country
USA

Zip

Country

4. FEI Number
65-0829120

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CURLLESS, JERRY V
630 S. ORANGE AVE.
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name
CURLLESS, JERRY V

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

2100 Constitution Blvd Suite 147

City
SARASOTA

FL

Zip Code
34231

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 **Jerry V Curlless**
Signature, typed or printed name of registered agent and title if applicable.

Jerry V Curlless 4/28/03
(NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE **D** ☐ Delete
NAME **CURLLESS, JERRY V**
STREET ADDRESS **630 S. ORANGE AVE.**
CITY-ST-ZIP **SARASOTA FL 34236**
2100 Constitution Blvd Suite 147 Sarasota FL 34231

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry V Curlless 4/28/03
941-6589537

Date Daytime Phone #

CR2E034 (10/02)