2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P97000049889** Apr 11, 2000 8:00 am Secretary of State **CURTIS LAW & SON GENERAL CONTRACTING CORPORATION** 04-11-2000 90005 008 ***150.00 Principal Place of Business Mailing Address 17932 EAGLE LANE 17932 EAGLE LANE LUTZ FL 33549-5226 r FL 33549 3. Mailing Address 2. Principal Place of Business Blv Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3452991 Not Applicable **ムて て** Country \$8,75 Additional Zip Country 5. Certificate of Status Desired 9**8**540 Fee Required Pasco 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name لسمها <u> T(0)</u> LAW, TROY ess (P.O. Box Number is Not Acceptable) Street Addres 17932 EAGLE LANE **LUTZ FL 33549** 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Z(Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change (b) (b) ☐ Addition TITLE TITLE ☐ Delete LAW, CURTIS NAME NAME Sierra Pines Blvd. 17932 EAGLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-7IP .ut2 D) (4P) (T ☐ Addition ☐ Delete TITLE LAW, TROY NAME sterria Pines Blud. STREET ADDRESS STREET ADDRESS 17932 EAGLE LANE CITY-ST-ZIP CITY-ST-ZIF **LUTZ FL 33549** ☐ · Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change Delete TITLE

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 like empowered.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

/xi3) 920-7697

Daytime Phone #