

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078476

1. Entity Name
STANLEY K. CURTIS P.T., P.A.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90093 019 ***150.00

Principal Place of Business
408 N. PENINSULA AVE
NEW SMYRNA BEACH FL 32169

Mailing Address
408 N. PENINSULA AVE
NEW SMYRNA BEACH FL 32169

LUU46713



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
920 HUNTERS CREEK RD
#5108, Deland, FL 32720

3. Mailing Address
920 HUNTERS CREEK RD
#5108, Deland, FL 32720

Suite, Apt. #, etc.
#5108
City & State
Deland FL
Zip
32720
Country

Suite, Apt. #, etc.
#5108
City & State
Deland FL
Zip
32720
Country

4. FEI Number 59-3473525
Applied For
Not Applicable

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

BARKER, RICHARD S
12699 NEW BRITTANY BLVD.
FORT MYERS FL 33907

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CURTIS, STANLEY K | |
| STREET ADDRESS | 408 N. PENINSULA AVE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL 32169 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY K. CURTIS 4-11-2001

Date

Daytime Phone #

CR2E034 (10/00)