

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90034 033 ***150.00

DOCUMENT # P97000078476
 1. Entity Name
STANLEY K. CURTIS P.T., P.A.

Principal Place of Business Mailing Address
920 HUNTERS CREEK RD **920 HUNTERS CREEK RD**
SUITE #5108 **SUITE #5108**
DELAND FL 32720 **DELAND FL 32720**



2. Principal Place of Business 3. Mailing Address
821 OCEAN AVE **821 OCEAN AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
New Smyrna Beach, FL **New Smyrna Beach, FL**
 Zip Country Zip Country
32169 **USA** **32169** **USA**

4. FEI Number Applied For
59-3473525 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BARKER, RICHARD S
12699 NEW BRITTANY BLVD.
FORT MYERS FL 33907

7. Name and Address of New Registered Agent
 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, 2002 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURTIS, STANLEY K	
STREET ADDRESS	408 N. PENINSULA AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, STANLEY K	
STREET ADDRESS	821 OCEAN 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowerments.

SIGNATURE: *Stanley K. Curtis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386-
 1-17-02 428-0023
 Date Daytime Phone #

CR2E034 (9/01)