

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-29-2003 90164 027 ***150.00

DOCUMENT # P97000078476

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



Principal Place of Business
**821 OCEAN AVE.
NEW SMYRNA BEACH FL 32169**

Mailing Address
**821 OCEAN AVE.
NEW SMYRNA BEACH FL 32169**

2. Principal Place of Business
904 E 11th Ave

3. Mailing Address
904 E 11th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL 32169

City & State
NSB, FL 32169

4. FEI Number
59-3473525

Applied For
Not Applicable

Zip Country
32169 US

Zip Country
32169 US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CURTIS, STANLEY K
821 OCEAN AVE.
NEW SMYRNA BEACH FL 32169** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CURTIS, STANLEY K.
904 E 11th Ave
NEW SMYRNA BEACH, FL, 32169** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

012603 386-428-0023

Date

Daytime Phone #

CR2E034 (10/02)