## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000088387

Entity Name: CURBMASTER OF SOUTH FLORIDA, INC.

Apr 25, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5500 EAGLE DR FORT PIERCE, FL 34951 LIS **Current Mailing Address: New Mailing Address:** 5500 EAGLE DR FORT PIERCE, FL 34951 US FEI Number: 65-0787061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: O'SHEA, SHERI-LYN K 5500 EAGLE DRIVE FORT PIERCE, FL 34951 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition HYDE, HENRY J Name: Name: HYDE, HENRY J 80 CEDAR CIRCLE 80 CEDAR CIRCLE Address: Address: City-St-Zip: BOYNTON BEACH, FL 33462 City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD Title: () Delete (X) Change ( ) Addition Name: O'SHEA, MARTIN L Name: O'SHEA, SHERI-LYN K

5500 EAGLE DR 5500 EAGLE DR Address: Address: FORT PIERCE, FL 34951 FORT PIERCE, FL 34951 City-St-Zip: City-St-Zip:

Title: Title: STD (X) Delete () Change () Addition

O'SHEA, SHERI-LYN K Name: Name: 5500 FAGLE DR Address: Address: City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI-LYN K. O'SHEA STD 04/25/2002