

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90454 001 ***300.00

DOCUMENT # P98000002790

1. Entity Name
KURTIS A. GULLIVER P.A.

Principal Place of Business
1511 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE FL 34952

Mailing Address
1511 SE PORT ST. LUCIE BLVD
PORT SAINT LUCIE FL 34952



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8257 S. US #1
 Suite, Apt. #, etc.
101

3. Mailing Address
8257 S. US #1
 Suite, Apt. #, etc.
101

City & State
PT ST LUCIE

City & State
PT ST LUCIE

4. FEI Number
65-0795722

Applied For
 Not Applicable

Zip
34952 Country
USA

Zip
34952 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GULLIVER, KURTIS A
1511 SE PT. ST. LUCIE BLVD
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name
Kurtis A Gulliver
 Street Address (P.O. Box Number is Not Acceptable)
503 WISTERIA AVE
 City
FT PIERCE FL Zip Code
34982

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 *Kurtis A Gulliver*

DATE **4/27/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST GULLISEN, KURTIS A	1511 SE PT ST LUCIE BLVD	PORT SAINT LUCIE FL 34952	<input type="checkbox"/>
		8257 S. US #1	suite 101	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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 empowered.

SIGNATURE: *Kurtis A Gulliver*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/27/02** DAYTIME PHONE # **873-2258**

AV 09/10/02

CR2E034 (9/01)