

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-30-2001 90324 044 ***150.00

0518397

DOCUMENT # P98000035333

1. Entity Name

UCITA PROPERTIES, INC.

Principal Place of Business

**3333 W. KENNEDY BOULEVARD
SUITE 206
TAMPA FL 33609-2953**

Mailing Address

**3333 W. KENNEDY BOULEVARD
SUITE 206
TAMPA FL 33609-2953**

n0000407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3506477**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, ROBERT T
3333 W. KENNEDY BLVD., SUITE 206
TAMPA FL 33609-2953**

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

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

(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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CURTIS, ROBERT T	3333 W KENNEDY BLVD STE 206	TAMPA FL 33609	<input type="checkbox"/>

S	CURTIS, WILLIAM P	3333 W KENNEDY BLVD STE 206	TAMPA FL 33-609 +	<input type="checkbox"/>
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V	KRAUSE, THOMAS S	PO BOX 25531	TAMPA FL 33622-5531	<input type="checkbox"/>
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T	POUCHER, RAYMOND A	PO BOX 25531	TAMPA FL 33622-5531	<input type="checkbox"/>
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D	CURTIS, DANIEL B	3333 W KENNEDY BLVD STE 206	TAMPA FL 33609	<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

813-875-6324

Daytime Phone #

CR2E034 (10/00)