

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

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	



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3506477	Applied For Not Applicable
5. 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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000107305
04/09/04-80009-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, ROBERT T 3333 W KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURTIS, WILLIAM P 3333 W KENNEDY BLVD STE 206 TAMPA, FL 33609+
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUSE, THOMAS S PO BOX 25531 TAMPA, FL 336225531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PLOUCHER, RAYMOND A PO BOX 25531 TAMPA, FL 336225531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, DANIEL B 3333 W KENNEDY BLVD STE 206 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: W. P. G.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04 813-875-6324
Date Daytime Phone #