Signature   Secretaria or back)   Secretaria of Status Desired   Secretaria of Secr	2000 UNIFORM BUSINESS REPOR	T (UBR)
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COLORS SHAP STATE ADDRESS TO STAND S	65/0 U.S. / No. 6370 U.S./	
Signature  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  An above named entity submits of the purpose of changing its registered office or registered agent, or both, in the State of F	Bldg 8 Bldg 8	
S. Name and Address of Current Registered Agent  8. Name and Address of Surrent Registered Agent  7. Name and Address of New Registered Agent  8. Name and Address of Surrent Registered Agent  8. Name and Address of Surrent Registered Agent  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of statement for the purpose of changing its registered office or registered agent, or born, in the State of Forda.  8. The above named entity submits of State of State agent of State agent of State of State agent of Stat	St. Augustine Ft.	Not Applicable
ASS, RAYMOND TJR 2335 TANABIL TRAIL NORTH, SUITE 409  Street Address & Str	52095 St. Jhus 32095 3	5. Certificate of Status Desired
Street Address (g. B. Dox Number is Not Acceptably)    City St.   Augustive   FL   250 Code   25	•	Name Coas / Allie
Signature  9. This corporation is eligible to satisfy its intengence and table appearance to the purpose of changing its registered office or registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intengence in the purpose of changing its registered agent, or both, in the State of Florada.  9. This corporation is eligible to satisfy its intended in the intended	2335 TAMMAMI TRAIL NORTH, SUITE 409	Street Address (P.G. Box Number is Not Acceptable)
8. The above named entity submishful statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (NOTE. Regulach Apent spoulus required when electation)  After SEPTEMBER 13, 2000 Min. will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  AUGIOUD, GARY  3980 ATA SOUTH, SUITE C  STA JUGUSTINE FL. 32084  TILE  AME  TSCHETTER, GARY  1135 7TH ST SOUTH  NAPLES FL. 34102  TILE  ADDITIONS/CP-01007 - 004 ***750.00  TILE  NAME  STREET ADDRESS  CITY-ST-2P  TILE  Charge  Charge  Addition  NAME  STREET ADDRESS  CITY-ST-2P  TILE  TILE  Charge  Charge  Addition  NAME  STREET ADDRESS  CITY-ST-2P  TILE  Charge	NAPLES FL	Bldg 8
SIGNATURE    Signature   Signa		or. Augustine FL 32095
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIFFECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IT IT ILL MAKE  MAKE  TITLE  MAKE  ALLIGOOD, GARY  STREET ADDRESS  TITLE  APPLIES FL. 34102  TITLE  MAKE  TITLE  TITLE  MAKE  TITLE  MAKE  TITLE  TITL	<ol> <li>The above named entity submits this statement for the purpose of changing its regist.</li> </ol>	tered office or registered agent, or both, in the State of Florida.
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.   After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees Trust Fund Contribution.   Addition		resident 9/11/02  But Agent signature required when reinstating)  DATE
THE NAME NAME NAME NAME NAME NAME NAME NAME	9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)    FILE NOW!!! FEI After SEPTEMBER 13, 200   Make Check Payable to I	E IS \$550.00  10. Election Campaign Financing \$5.00 May Be
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TITE  AME  TREET ADDRESS  TY-ST-ZIP  TITE  NAME  STREET ADDRESS  TY-ST-ZIP  3. 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 export is true and accurate and that must exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	AME NAME	ME Change Change
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3. 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	MAE Derete And	i rigide riyandita i
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

9/11/02 904-829-3455 Date Daytime Phone #



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

Opt

October 15, 2002

CURB SYSTEMS OF NORTHEAST FLORIDA, INC. 6370 us 1 no bldg 8 ST AUGUSTINE, FL 32095

SUBJECT: CURB SYSTEMS OF NORTHEAST FLORIDA, INC. Ref. Number: P98000086861

We have received your document for CURB SYSTEMS OF NORTHEAST FLORIDA, INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$1050.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 202A00057465

if you have any questions concountly the Filing of your document planse call resume this say

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