

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086861

1. Entity Name

CURB SYSTEMS OF NORTHEAST FLORIDA, INC.

FILED

02 NOV -8 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3960 A1A SOUTH SUITE C  
ST AUGUSTINE FL 32084

Mailing Address

3960 A1A SOUTH SUITE C  
ST AUGUSTINE FL 32084

2. Principal Place of Business

6370 U.S. 1 No.

3. Mailing Address

6370 U.S. 1 No.

Suite, Apt. #, etc.

Bldg 8

Suite, Apt. #, etc.

Bldg 8

City & State

St. Augustine

City & State

FL

Zip

32095

Country

U.S.

Zip

32095

Country

U.S.



REINSTATEMENT  
DO NOT WRITE IN THIS SPACE 02

4. FEI Number 59-3548372

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASS, RAYMOND L JR  
2335 TAMiami TRAIL NORTH, SUITE 409  
NAPLES FL

7. Name and Address of New Registered Agent

Name

GARY L. ALLIGOOD

Street Address (P.O. Box Number is Not Acceptable)

6370 U.S. 1 No.

Bldg 8

City

St. Augustine

FL

Zip Code

32095

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

GARY L. ALLIGOOD President

9/11/02

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 D  
NAME ALLIGOOD, GARY  
STREET ADDRESS 3960 A1A SOUTH, SUITE C  
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE D  
NAME TSCHETTER, GARY  
STREET ADDRESS 1135 7TH ST SOUTH  
CITY-ST-ZIP NAPLES FL 34102 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME GARY L. ALLIGOOD  
STREET ADDRESS 151 MARINE Street  
CITY-ST-ZIP St Augustine FL 32034 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200008881702  
CITY-ST-ZIP 11/08/02--01007--004 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200008881702  
CITY-ST-ZIP 11/08/02--01007--005 \*\*300.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

9/11/02

904-829-3455

Date

Daytime Phone #

CR2E034 (5/00)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

COPY

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

(320) 245-6059  
If you have any questions concerning the filing of your document, please call (850) 245-6059.

Your document will be considered abandoned if you do not return it within 60 days of the date of this letter. Your document will be considered abandoned if you do not return it within 60 days of the date of this letter.