

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90098 046 ***150.00

DOCUMENT # P99000003589

1. Entity Name
CURB APPEAL HOME SERVICES, INC.

Principal Place of Business

**16920 WATERLINE RD.
 BRADENTON FL 34202**

Mailing Address

**P O BOX 1974
 BRADENTON FL 34206
 SU**

2. Principal Place of Business

422 26th ST. W

Suite, Apt. #, etc.

A

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

Zip

Country

34205

USA

Zip

Country

4. FEI Number

65-0888600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BIENIEK, TAMMI A
 16920 WATERLINE RD.
 BRADENTON FL 34202**

7. Name and Address of New Registered Agent

Name

Feldman, Marc

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

3908 26th St. W.

City

Bradenton

FL

Zip Code

34205

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

1/25/2002

**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

TITLE **PSD** ☐ Delete
NAME **BIENIEK, THOMAS E**
STREET ADDRESS **16920 WATERLINE RD.**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **VTD** ☐ Delete
NAME **BIENIEK, TAMMI A**
STREET ADDRESS **16920 WATERLINE RD.**
CITY-ST-ZIP **BRADENTON FL 34202**

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

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

TITLE ☐ Change ☐ Addition
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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 **THOMAS E BIENIEK** **125-02 941-746-0643**
Date **Daytime Phone #**

CR2E034 (9/01)