

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90099 041 ***150.00

DOCUMENT # **P99000013630**

1. Entity Name

CURIE POINT CONSULTING, INC.

Principal Place of Business

**6011 3RD ST. SOUTH
ST. PETERSBURG FL 33705**

Mailing Address

**6011 3RD ST. SOUTH
ST. PETERSBURG FL 33705**

2. Principal Place of Business

2135 Anastasia Way S
Suite, Apt. #, etc.

3. Mailing Address

2135 Anastasia Way S
Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

St Petersburg, FL

Zip

33712

Country

Zip

33712

Country

4. FEI Number

59-3555803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, ANNE J

6011 3RD ST. SOUTH

ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

Cox, Anne J

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

2135 Anastasia Way S

City

St Petersburg

FL

Zip Code

33712

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

Anne J Cox

Anne J Cox, D

1/30/02

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, 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	D	<input type="checkbox"/> Delete
NAME	COX, ANNE J	
STREET ADDRESS	6011 3RD ST. SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COX, TROY M	
STREET ADDRESS	6011 3RD STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Anne J	
STREET ADDRESS	2135 Anastasia Way S	
CITY-ST-ZIP	St Petersburg, FL 33712	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, Troy M	
STREET ADDRESS	2135 Anastasia Way S	
CITY-ST-ZIP	St Petersburg, FL 33712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Anne J Cox, D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

(727) 864-8435

Date

Daytime Phone #

CR2E034 (9/01)