

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000023596****1. Entity Name**
T. CURTIS GROUP, INC.

Principal Place of Business 117 W ALEXANDER STREET PLANT CITY FL 33566	Mailing Address 3308 FOX SQUIRREL LANE VALRICO FL 33594
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3565434**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPIEGEL & UTRERA, P.A.**
343 ALMERIA AVENUE**CORAL GABLES**
33134**US****FL**

Name

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

City

FL

Zip Code

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)

09/08/2000

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS TIMOTHY LJR
STREET ADDRESS	3308 FOX SQUIRREL LANE
CITY-ST-ZIP	VALRICO FL 33594

TITLE	<input type="checkbox"/> Delete
NAME	T CURTIS MATTHEW
STREET ADDRESS	3308 FOX SQUIRREL LANE
CITY-ST-ZIP	VALRICO FL 33594

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	SVD CURTIS TIMOTHY L
STREET ADDRESS	3308 FOX SQUIRREL LANE
CITY-ST-ZIP	VALRICO FL 33594

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	PD CURTIS TERRI A
STREET ADDRESS	3308 FOX SQUIRREL LANE
CITY-ST-ZIP	VALRICO FL 33594

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

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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: TIMOTHY L CURTIS JR****S 09/08/2000**