

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90072 037 ***150.00

DOCUMENT # P99000036365

1. Entity Name
CURBMASTER OF SPRING HILL, INC.

Principal Place of Business Mailing Address
1430 NOBLETON STREET 1430 NOBLETON STREET
SPRING HILL FL 34608 SPRING HILL FL 34608

2. Principal Place of Business 3. Mailing Address
1430 Nobleton Ave 1430 Nobleton Ave
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Spring Hill, FL Spring Hill, FL
Zip Country Zip Country
34608 USA 34608 USA

6. Name and Address of Current Registered Agent
MURPHY-REECK, JENNIFER L
1430 NOBLETON STREET
SPRING HILL FL 34608

4. FEI Number **59-3571043** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	DST	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY-REECK, JENNIFER L		NAME		
STREET ADDRESS	1430 NOBLETON STREET AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REECK, RONALD R		NAME		
STREET ADDRESS	1430 NOBLETON STREET AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34608		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LEVOICED LAWSON	
STREET ADDRESS			STREET ADDRESS	7471 CANTERBURY ST	
CITY-ST-ZIP			CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **3/13/01** **(352) 684-3940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)