

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051217

1. Entity Name

CURTIS PARTS & SERVICE, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90135 044 ***150.00

Principal Place of Business

305 EAST BROWARD STREET
STARKE FL 32091

Mailing Address

305 EAST BROWARD STREET
STARKE FL 32091

2. Principal Place of Business

416 E. BROWNLEE ST.

Suite, Apt. #, etc.

3. Mailing Address

416 E. BROWNLEE ST.

Suite, Apt. #, etc.

City & State

STARKE, FL

City & State

STARKE, FL

4. FEI Number 59-3579373

Applied For

Not Applicable

Zip

Country

32091

USA

Zip

Country

32091

USA

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

CURTIS, MICHAEL D
1043 LM GAINES BLVD
STARKE FL 32091

Name

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

416 E. BROWNLEE ST.

City

STARKE

FL

Zip Code
32091

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

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, 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	D	<input type="checkbox"/> Delete
NAME	CURTIS, MICHAEL D	
STREET ADDRESS	1043 LM GAINES BLVD	
CITY-ST-ZIP	STARKE FL 32091	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 E. BROWNLEE ST.	
CITY-ST-ZIP	STARKE, FL 32091	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 25 APR 2001 904-964-1842

CR2E034 (10/00)