

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063400

1. Entity Name

D. EDWIN CURTIS - CONSULTANT, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90415 012 ***150.00

Principal Place of Business

255 PARADISE BLVD. SUITE #34
 INDIALANTIC FL 32903

Mailing Address

255 PARADISE BLVD. SUITE #34
 INDIALANTIC FL 34104-5338

2. Principal Place of Business

~~629 SQUIRE CT.~~

3. Mailing Address

~~4588 DAVES BLVD.~~

Suite, Apt. #, etc.

UNIT # 203

Suite, Apt. #, etc.

PMB # 126

City & State

NAPLES, FL.

City & State

NAPLES, FL

Zip

34116

Country

USA

Zip

34104

Country

USA

4. FEI Number

59-3595549

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

CURTIS, DONALD E
 255 PARADISE BLVD, SUITE #34
 INDIALANTIC FL 32903

Name

CURTIS, DONALD E.

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

629 SQUIRE CT.

UNIT # 203

City

NAPLES

FL

Zip Code
 34116

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

Donald E. Curtis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP
 P
 DONALD E. CURTIS
 629 SQUIRE CT # 203
 NAPLES, FL. 34116

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

Donald E. Curtis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Daytime Phone #

CR2E034 (9/99)