

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071229

1. Entity Name

CURVES OF NORTH FLORIDA, INC.

R

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90019 003 ***150.00

Principal Place of Business

10584 ST. AUGUSTINE RD.,#6
JACKSONVILLE FL 32257

Mailing Address

10584 ST. AUGUSTINE RD.,#6
JACKSONVILLE FL 32257

2. Principal Place of Business

10584-6 Old St Augustine Rd

3. Mailing Address

10584-6 Old St Augustine Rd

Suite, Apt. #, etc.

#6

Suite, Apt. #, etc.

#6

City & State

Jacksonville Florida

City & State

Jacksonville FL 32257

Zip

32257

Country

Usual

Zip

32257

Country

Usual

4. FEI Number

59-358-6553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TINA
10584 ST. AUGUSTINE RD.,#6
JACKSONVILLE FL 32257

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

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 \$550.00
After SEPTEMBER 13, 2000 min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

I was told it was 150.00

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Tina A Williams
10584-Old St. Augustine Rd #6
Jacksonville FL 32257

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tina A Williams

Date

8-1-00

Daytime Phone #

904-710-0990

Attachment 099000071229
08150000072756

8-8-00

This was my first year in Business
And did not know about paying
Corp. fees each year By May-
or even that I had to pay
them yearly -

Please call me when received
this ck 150.00

Thank Tina Williams -

8/9/00

904-710-0990 -

904 886-0234 -