

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083581

1. Entity Name
CREATE-A-CURB, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90044 047 ***150.00

Principal Place of Business *MOVED*
~~834 SOTTER STREET~~
LAKE PLACID FL 33852

Mailing Address
~~834 SOTTER STREET~~
LAKE PLACID FL 33852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19 MOCKINGBIRD RD
Suite, Apt. #, etc.

3. Mailing Address
19 MOCKINGBIRD RD
Suite, Apt. #, etc.

City & State
LAKE PLACID, FLORIDA
Zip 33852 Country

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Zip 33852 Country

4. FEI Number 65-0947023
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAROSA, GEORGE T
~~834 SOTTER STREET~~ 19 MOCKINGBIRD ROAD
LAKE PLACID FL 33852

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. (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
D ☐ Delete
TITLE NAME LAROSA, GEORGE T
STREET ADDRESS ~~834 SOTTER STREET~~ 19 MOCKINGBIRD RD.
CITY-ST-ZIP LAKE PLACID FL 33852

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Change ☐ Addition
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: *George La Rosa* GEORGE LA ROSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 (863) 414-5127
Date Daytime Phone #

CR2E034 (10/00)