

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90060 027 ***150.00

DOCUMENT # P99000083581

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

Principal Place of Business
19 MOCKINGBIRD RD
LAKE PLACID FL 33852

Mailing Address
19 MOCKINGBIRD RD
LAKE PLACID FL 33852



2. Principal Place of Business
816 HENSCRATCH ROAD
 Suite, Apt. #, etc.

3. Mailing Address
816 HENSCRATCH ROAD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE PLACID, FLORIDA
 Zip **33852** Country **FL**

City & State
LAKE PLACID, FLORIDA
 Zip **33852** Country **FL**

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
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name **GEORGE T. LAROSA**
Street Address (P.O. Box Number is Not Acceptable)
816 HENSCRATCH ROAD
City **LAKE PLACID** **FL** **Zip Code** **33852**

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** _____

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LAROSA, GEORGE T	
STREET ADDRESS	19 MOCKINGBIRD RD	
CITY-ST-ZIP	LAKE PLACID FL 33852	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE LAROSA	
STREET ADDRESS	816 HENSCRATCH ROAD	
CITY-ST-ZIP	LAKE PLACID, FLORIDA 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE: *George Larosa* **George Larosa** **3-22-02** **699-6757**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0473360 AV

CR2E034 (9/01)