

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90217 001 \*\*\*150.00

DOCUMENT # **P99000083821**



1. Entity Name  
**WILLIAM E. CURPHEY & ASSOCIATES, P.A.**

Principal Place of Business  
**411 RYE ROAD  
BRADENTON FL 34202**

Mailing Address  
**411 RYE ROAD  
BRADENTON FL 34202**



2. Principal Place of Business  
**2605 ENTERPRISE ROAD**

3. Mailing Address  
**Suite AS #2**

Suite, Apt. #, etc.  
**155**

Suite, Apt. #, etc.

City & State  
**Clearwater, FL**

City & State

4. FEI Number **59-3568781**

Applied For  
Not Applicable

Zip  
**33759**

Country  
**US**

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CURPHEY, WILLIAM E  
411 RYE ROAD  
BRADENTON FL 34202**

Name  
**Curphey, William E**

Street Address (P.O. Box Number is Not Acceptable)  
**2605 ENTERPRISE RD, STE 155**

Suite 155

City  
**Clearwater**

FL

Zip Code  
**33759**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **William E. Curphey**

(NOTE: Registered Agent signature required when amending)

DATE

**1/13/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **CURPHEY, WILLIAM E**  
STREET ADDRESS **411 RYE ROAD**  
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **D**  Change  Addition  
NAME **Curphey, William E**  
STREET ADDRESS **2605 ENTERPRISE RD, STE 155**  
CITY-ST-ZIP **Clearwater, FL 33759**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**WILLIAM E. CURPHEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03**

Date

**727-726-8624**

Daytime Phone #

CR2E034 (10/02)