

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 25, 2001 8:00 am
Secretary of State

05-03-2001 91004 019 ***150.00

DOCUMENT # P99000097981

1. Entity Name

CURVES FOR WOMEN OF CLEARWATER INC.

Principal Place of Business

**1818 DREW STREET
 CLEARWATER FL 33765**

Mailing Address

**1818 DREW STREET
 CLEARWATER FL 33765**

2. Principal Place of Business

20505 US Hwy 19 N

Suite, Apt. #, etc.

#12

3. Mailing Address

20505 US Hwy 19 N

Suite, Apt. #, etc.

#12

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33764

Country

Pinellas

Zip

33764

Country

Pinellas

4. FEI Number

59-3620792

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRUNO, MICHAEL L
 600 BYPASS DRIVE
 SUITE 115
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

Larry Hall

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

20505 US Hwy 19 N. #12

City

Clearwater

FL

Zip Code

33764

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]

5-21-01

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, LARRY	
STREET ADDRESS	686 Canterbury Rd.	
CITY-ST-ZIP	Clearwater, FL 33764	
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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Hall	
STREET ADDRESS	210 S. Comet Ave	
CITY-ST-ZIP	Clearwater FL 33765	
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 all other like empowered.

SIGNATURE:

[Signature]

Larry C. Hall

4-24-01

727 581 9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)