

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104746

1. Entity Name

CURLEY'S ELECTRIC, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90079 029 ***150.00

Principal Place of Business

Mailing Address

10590 66 AVE NORTH STE 1-B
SEMINOLE FL 33772

10590 66 AVE NORTH STE 1-B
SEMINOLE FL 33772

2. Principal Place of Business

10590 66th AVE N.

3. Mailing Address

10590 66th AVE N

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Seminole FL

City & State

Seminole FL

Zip

33772

Country

US

Zip

33772

Country

US

4. FEI Number

59-3609381

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIZARO, NICHOLAS

10590 66 AVE NORTH STE 1-B
SEMINOLE FL 33772

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	VIZARO, NICHOLAS	
STREET ADDRESS	10590 66 AVE NORTH STE 1-B	
CITY-ST-ZIP	SEMINOLE FL 33772	
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		

TITLE	P.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA VIZARO	
STREET ADDRESS	11264 7320 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMMETTE H. WALLIS	
STREET ADDRESS	10590 66TH AVE N. #3	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS VIZARO	
STREET ADDRESS	11264 7320 AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
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:

DIANA VIZARO

Date

4/17/00

Daytime Phone #

247-392-9890

CR2E034 (9/99)