

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43492

1. Entity Name

CURING TECHNOLOGY, INC.

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

04-25-2001 90021 023 ***150.00

Principal Place of Business

Mailing Address

110 RIVER OAKS RD.
MELBOURNE BCH FL 32951
US

PO BOX 511057
MELBOURNE BCH FL 32951
US

2. Principal Place of Business

3. Mailing Address

2870 Kirby Ave. NE

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Bay, FL 32905

City & State

City & State

Suite #6

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1311623

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

LUNDGREN, GARY

110 RIVER OAKS RD. 2870 Kirby Ave. NE.
MELBOURNE BCH FL 32951 Palm Bay FL 32905
Suite #6

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]

L321-951-4666

04-19-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDGREN, GARY	
STREET ADDRESS	110 RIVER OAKS RD. 2870 Kirby Ave NE	
CITY-ST-ZIP	MELBOURNE BCH FL 32951 Palm Bay Rd. #6	
TITLE		<input type="checkbox"/> Delete
NAME		
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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] (321-951-4666)

04-19-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)