

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006983

Entity Name: CURE ON WHEELS INC**Current Principal Place of Business:**200 2ND AVENUE S #475
ST PETERSBURG, FL 33701**Current Mailing Address:**200 2ND AVENUE S #475
ST PETERSBURG, FL 33701**FEI Number:** 45-0568409**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEINKEL, R LAWRENCE
200 2ND AVE SOUTH
SUITE 475
ST. PETERSBURG, FL 33701 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, D
Name	SPAYDE, RICHARD JJR
Address	200 2ND AVENUE S, #475
City-State-Zip:	ST PETERSBURG FL 33701

Title	VP, D
Name	LUSH, RICHARD
Address	200 2ND AVE S 475
City-State-Zip:	ST PETERSBURG FL 33701

Title	S, D
Name	RIVERA, JOSHUA
Address	12902 MAGNOLIA DR
City-State-Zip:	TAMPA FL 33606

Title	VP, DIRECTOR
Name	BREWER, CHRIS
Address	2614 MORRISON AVENUE
City-State-Zip:	TAMPA FL 33629

Title	VP
Name	MICHELLE, BUSHOVEN
Address	200 2ND AVENUE S #475
City-State-Zip:	ST PETERSBURG FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD JOHN SPAYDE JR**PRESIDENT****08/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date