2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000037343

1. Entity Name CACURI, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90540 023 ***150.00

| | | | | | | GOT WE IN | | | | |
|---|----------------------|--|---|----------------------|---|---|---|--|--------------------------------------|------------------------|
| Principal Place of Business 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308 | | | Mailing Address 2640-A MITCHAM DRIVE TALLAHASSEE FL 32308 | | | | - " | 1 Jednikov na kom kadu adni arni dom bok | i a alika a rah 1 kika | JUDEO 1982 (1882) |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | te | City & State | | | 4. | 4. FEI Number 59-3444671 Applied For Not Applicable | | | | |
| Zip | Zip Country | | | | Coun | untry | | 5. Certificate of Status Desired See Required | | ditional |
| | | Davistanad Agant | | | | | 7. Name and Address of New Registered Agent | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | Name and Address of New Registere | 1 Agent | |
| CARROLL | , frederick i | and the second of the second o | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 2640-A MI | ITCHAM DRIVE | | Street Address | | | :55 (F.O. L | Box Number is Not Acceptable) | | ľ | |
| | | | | | | | | | | |
| IALLAMAS | SSEE FL 32308 | | | | | | | | | |
| | | | | | City | - | F | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| | | | | _ | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check:Payable to Florida Department of State | | | | | | | | Election Campaign Financing Trust Fund Contribution. | | 00 May Be d to Fees |
| | | OFFICERS AND | | | 11. | | | | ID DIRECTOR | 9S INI 11 |
| 10. | l DD | OFFICERS AND | DINECTO | | | | | DEMONS/CHANGES TO CITICENS A | Change | Addition |
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| NAME | CARROLL, FF | | | | NAM | ET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | -ST-ZIP | | | | } |
| U11-31-21F | | E FL 32300 | | | | | | | | |
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| NAME | | I, SHARON C III | | | NAM | | | | | ļ |
| STREET ADDRESS | 2011 TED HIN | | | | | ET ADDRESS | | | | . } |
| CITY-ST-ZIP | TALLAHASSE | E FL 32308 | | | CHY | -ST-ZIP | | | | |
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| NAME | CUTRIGHT, S | | | | MAM | l l | | and the second s | | · · · · (|
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| STREET ADDRESS | 1 | | | | | ET ADDRESS | | P | |) |
| CITY-ST-ZIP | 1 | | | | | -ST-ZIP | | | | |
| 12 hereby c | certify that the inf | ormation supplied with | this filing | does not qualify for | the eve | motion stated in | n Section | 119 07(3)(i) Florida Statutes I further of | ertify that the | information |

indicated on this report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes. Flurther certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND PED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 (850)212-1151