

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 382774

1. Entity Name

CURRY CONTROLS COMPANY

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90260 005 ***150.00

Principal Place of Business 1019 PIPKIN ROAD DRAWER #5408 LAKELAND FL 33811-1528	Mailing Address 1019 PIPKIN ROAD DRAWER #5408 LAKELAND FLA 33811-1528
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1437405	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURRY, DAVID L 1019 PIPKIN ROAD, P.O. DRAWER 5408 LAKELAND FL 33803	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: _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: CURRY, DAVID L STREET ADDRESS: 1102 LAKE POINT DR CITY-ST-ZIP: LAKELAND FL	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: D NAME: CURRY, EDRIS J STREET ADDRESS: 1102 LAKE POINT DR. CITY-ST-ZIP: LAKELAND FL	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: S NAME: CURRY, DANIEL L STREET ADDRESS: 5618 ROCKFIELD LOOP CITY-ST-ZIP: VELRICO FL 33594	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (863) 646-5781
Date Daytime Phone #

CR2E034 (9/99)