

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # G77480**1. Entity Name
CURRIE INVESTMENTS, INC.

Principal Place of Business C/O CHERYL KILCOYNE 5815 N. DALE MABRY HWY TAMPA 33614 US	FL	Mailing Address C/O CHERYL 5815 N. DALE MABRY HWY TAMPA 33614 US	FL
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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

4. FEI Number
59-2508546Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**KILCOYNE CHERYL C**
5815 N. DALE MABRY HWY**TAMPA**
33614
US

FL

7. Name and Address of New Registered Agent

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 **CHERYL C. KILCOYNE****04/30/2001**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON JEAN CURRIE	
STREET ADDRESS	1211 PLANTATION DRIVE	
CITY-ST-ZIP	SIMPSONVILLE	SC

TITLE	D	<input type="checkbox"/> Delete
NAME	CURRIE CHARLENE M	
STREET ADDRESS	523 SPAULDING LAKE DRIVE	
CITY-ST-ZIP	GREENVILLE	SC 29615

TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KILCOYNE DAVID F	
STREET ADDRESS	2505 S DUNDEE	
CITY-ST-ZIP	TAMPA	FL

TITLE	PD	<input type="checkbox"/> Delete
NAME	KILCOYNE CHERYL CURRIE	
STREET ADDRESS	5815 N DALE MABRY	
CITY-ST-ZIP	TAMPA	FL

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON JEAN CURRIE	
STREET ADDRESS	523 SPAULDING LAKE DRIVE	
CITY-ST-ZIP	GREENVILLE	SC 29615

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRIE CHARLENE M	
STREET ADDRESS	5709 TRAFON PLACE	
CITY-ST-ZIP	BETHESDA	MD 20817

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		

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: Cheryl C. Kilcoyne

PD

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)