

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G77480

FILED
Jun 28, 2002 8:00 AM
Secretary of State

Entity Name: CURRIE INVESTMENTS, INC.

Current Principal Place of Business:

C/O CHERYL KILCOYNE
5815 N. DALE MABRY HWY
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

C/O CHERYL
5815 N. DALE MABRY HWY
TAMPA, FL 33614 US

New Mailing Address:

C/O CHERYL KILCOYNE
5815 N. DALE MABRY HWY
TAMPA, FL 33614 US

FEI Number: 59-2508546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILCOYNE CHERYL C
5815 N. DALE MABRY HWY
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KILCOYNE CHERYL CURR, IE
Address: 5815 N DALE MABRY
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: CURRIE CHARLENE M.
Address: 5709 TRAFTON PLACE
City-St-Zip: BETHESDA, MD 20817

Title: D () Delete
Name: JOHNSON JEAN CURRIE,
Address: 523 SPAULDING LAKE DRIVE
City-St-Zip: GREENVILLE, SC 29615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL C. KILCOYNE

PD

06/28/2002

Electronic Signature of Signing Officer or Director

Date