

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G77480

FILED  
Apr 30, 2003  
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 KILCOYNE  
5815 N. DALE MABRY HWY  
TAMPA, FL 33614 US

## New Mailing Address:

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

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 TRAFON 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: PD (X) Change ( ) Addition  
Name: KILCOYNE CHERYL CURR, IE  
Address: 5815 N DALE MABRY  
City-St-Zip: TAMPA, FL 33614

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

04/30/2003

Electronic Signature of Signing Officer or Director

Date