2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8.

1. Entity Name

CURRY & COMPANY PLUMBING, INC.

Principal Place of Business
% SCOTT CURRY
2409 JENNA LANE

Mailing Address
% SCOTT CURRY

P. O. BOX 6589 LAKELAND FL 33807-6589

2. Principal Place of Business

Suite, Apt. #, etc.

LAKELAND FL 33813

3. Mailing Address 950 W. Beacon Rd. Suite, Apt. #, etc. FILED Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90058 032 ***150.00



DO NOT WRITE IN THIS SPACE

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Lakel		, FL	Lakeland,	FZ	<u>-</u>	4 . F	El Number 59-2	597918	Not	olied For Applicable	
3380	3	Country	^{Zip} 33803	Count	ry	5. C	Certificate of Status C	esired	\$8.75 Addi Fee Required	tional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name -					
OUDDY COOTT W											
CURRY, SCOTT W.					Street Address (P.O. Box Number is Not Acceptable)						
2409 JENNA LN.											
LAKELAND FL 33813											
•					City Zip Code						
						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											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FE After MAY 1, 2000 Fe Make Check Payable to					vill be \$550	0.00	10. Election Cam Trust Fund Co		\$5.00	May Be to Fees	
11. OFFICERS AND DIRECTORS 12.						ADI	DITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS	IN 11	
TITLE	٧	- W-1 P'	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	CURRY, S	SCOTT	<u> </u>	NAME							
STREET ADDRESS					T ADDRESS					ŀ	
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U111-31-21r		D FL								F*1 * .1	
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STREET ADDRESS	2409 JEN				T ADDRESS						
CITY-ST-ZIP	LAKELAND FL			CITY-	ST-ZIP						
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NAME	CURRY, S	SCOTT TO THE	*	NAME			_				
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CITY-ST-ZIP		D FL 33813		CITY-	ST-ZIP						
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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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1sut_

14 00 (\$63)644-0061 Daytima Phone # CR2E034 (9/99)