2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # K47294 CURCURU CORP. 04-26-2001 90128 042 ***150.00 Principal Place of Business Mailing Address 1706 LOS ALAMOS 1706 LOS ALAMOS PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address 21391 HARBURSIDE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEL Number 65-0084194 Applied For Not Applicable 34952 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Naumann, Ted NAUMAN, TED Street Address (P.O. Box Number is Not Acceptable) 2421 Streve St. **PUNTA GORDA FL 33950** Punta Gorda, FL 33950 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE TITI F Change Addition CURCURU, SAM N. NAME 1706 LOS ALAMOS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition CURCURU, SHIRLEY NAME NAME 1706 LOS ALAMOS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S*-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAM6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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