2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # K47294 1. Entity Name 04-23-2002 90418 016 ***150.00 CURCURU CORP. Principal Place of Business Mailing Address 21391 HARBORSIDE 1706 LOS ALAMOS PORT CHARLOTTE FL 33952 PUNTA GORDA FL-33850 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0084194 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAUMAN, TED Street Address (P.O. Box Number is Not Acceptable) 2421 SHREVE ST 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME CURCURU, SAM N. NAME STREET ADORESS STREET ADDRESS 1706 LOS ALAMOS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CURCURU, SHIRLEY STREET ADDRESS STREET ADDRESS 1706 LOS ALAMOS CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

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