2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M64756 Apr 03, 2000 8:00 am Secretary of State CURRY AND SONS DEVELOPMENT CORP., INC. 04-03-2000 90212 014 ***150.00 Principal Place of Business Mailing Address 3450 EAGLE AVE. 3450 EAGLE AVE. KEY WEST FL 33040 KEY WEST FL 33040-4652 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0026397 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURRY, SCOTT A. Street Address (P.O. Box Number is Not Acceptable) 3201 FLAGLER AVE SUITE 504-505 KEY WEST FL 33040 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. □ Delete TITLE TITLE NAME NAME CURRY, CHARLES P., JR. STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition Change TITLE □ Delete TITLE NAME CURRY, ELIZABETH A. NAME STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL TITLE ☐ Change Addition TITLE ☐ Defete CURRY, SCOTT A. NAME STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME CURRY, C. MICHAEL STREET ADDRESS STREET ADDRESS **7625 NW 51ST DRIVE** CITY-ST-ZIP CITY-ST-7(P GAINESVILLE FL 32653 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: Elizabeth A. Cierre & Ocheth A. Cierre &

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