FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 11, 2001 8:00 am Secretary of State DOCUMENT # M64756 1. Entity Name CURRY AND SONS DEVELOPMENT CORP., INC. 04-11-2001 90064 049 \*\*\*150.00 Principal Place of Business Mailing Address 3450 EAGLE AVE. 3450 EAGLE AVE. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0026397 Not Applicable Zip Country 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 Name CURRY, SCOTT A. Street Address (P.O. Box Number is Not Acceptable) 3201 FLAGLER AVE SUITE 504-505 KEY WEST FL 33040 Zip Code City 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** 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, 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. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change CURRY, CHARLES P., JR. NAME NAME STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME CURRY, ELIZABETH A. STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. ! CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Delete Change ☐ Addition NAME CURRY, SCOTT A. NAME STREET ADDRESS STREET ADDRESS 3450 EAGLE AVE. CITY-ST-ZIP CITY-ST-7IP KEY WEST FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME CURRY, C. MICHAEL NAME STREET ADDRESS STREET ADDRESS 7625 NW 51ST DRIVE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** Delete Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: Elicabeth C. Cery Elizabeth A Curry 4-5-01 305-296-2444

SIGNATURE: Elizabeth C. Cery Elizabeth A Curry 4-5-01 305-296-2444