

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 14 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1195849**

1. Entity Name

CURNELCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 E. SEMORAN BLVD.

3. Mailing Address

7813 PLANTATION DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY, FL

City & State

ORLANDO, FL

Zip

32707

Country

U.S.A.

Zip

32810

Country

U.S.A.

4. FEI Number

59-2904403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CURRY, MURRAY M.

Street Address (P.O. Box Number is Not Acceptable)

7813 PLANTATION DR.

City

ORLANDO,

FL

Zip Code

32810

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)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
CURRY, MURRAY M.
3810 PLANTATION DR.
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT, SECRETARY
CURRY, CHRISTOPHER R.
1318 PORTILLO DR.
DELTONA, FL 32725

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
CURRY, RICHARD L.
592 SHADOW GLENN DR.
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900008947349
11/13/02--01015--005 **\$61.50

DO NOT WRITE IN THIS SPACE

11/11/20

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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher R Curry

Date

11/8/02 386-748-8585

Daytime Phone #

CR2E034B (12/01)