## **NOT-FOR-PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NO 16 VOOCE OF

**FILED** Aug 04, 2002 8:00 am Secretary of State

07-09-2002 90024 008 \*\*\*\*70.00

1. Entity Na	Name THE CURRY MINIS	STRIES, INC	17cx				
,	DO NOT WRITE	IN THIS SI	PACE				4055
l ,'	al Place of Business	3. Mailing Address			<del>-</del>   .	ř	<b>ጟ</b> ህ <b>ບ</b> ~
630 Suite, Ar	\$ S. Orlando Ava.		<u> 152</u>	<del></del>			
Sui	ite D				<u> </u>	DO NOT WRITE IN THIS S	SPACE
	coa Beach	Cocoa, F2	1.329	24	4. FEI Number 59 - 32	272232	Applied For
3293	Country	Zip 27974	Country	•	5. Certificate of Sta	latus Desired	Not Applicable \$8.75 Additional
22.	<u>21 ц.э.п.</u>	32727	4.S./			ess of Current Registered	Fee Required
-,			Nan	ıme		ERT & CUR	
	DO_NOT_W		Str	eet Address (	(P.O. Box Number is No	lot Acceptable)	LEYJR
	IN THIS SPA	ACE	- `` <del> </del>	634	-37 UCIA	ido Hve., 5	ta-D-
	•	<del>/ •</del>	. City	v ^			Zip Code
8. The abov	ove named entity submits this statement for t	the ournose of changing its	registered office	ice or registere	a Boach pred agent, or both, in the	FL the state of Florida	32931
	NAON	hober f	E. Cur	ر در الم	ed agent, or body	le state of Florida.	1
SIGNATURE	· MoReiXI	W-Pore do	Ł			by	ox 2
	Signature typed of printed native of registered agent and	and title applicable. (NOTE: F	: Registered Agent si	signature required	J when reinstating)	1 JE	<u> </u>
i	FEE IS \$61.25	9. Election Camp		 ina ·		75-10- Object	
ji.	initial or Amended UBR	9. Election Camp Trust Fund Cor		· —	\$5.00 May Be Added to Fees	Make Check Department	Payable to
10.	OFFICERS AND DIREC	COTORS	-			•	, 01 0
TITLE!	President		TITLE	<del></del>	<del></del>		=======================================
NAME D STREET ADDRESS	Robert E. Curry,	Jr.	NAME				CR2E0378 (12(01)
CITY-ST-ZIP	Locoa Beach, FL	2. 32931	STREET ADDRES		•		P75
TITLE NAME (T)	VICE ProsideNt	-	TITLE	1			1000
NAME STREET ADDRESS	206 Rhett courte	9	NAME STREET ADDRES				8
CITY-ST-ZIP	warner Pobins, G	5A. 31988	STREET ADDRES	3S			
NAME D	Secretary Dorthy Downels		MILE	+		<u></u>	
STREET ADDRESS		BANK AVE	NAME #STREET ADORES	ree .			
CJTY-ST-ZIP	Orange City FL		City-St-ZIP		1 OD	NOT WRIT	E
TITLE NAME 5	Tradelira	lany	TITLE NAME	7	·	HIS SPACE	
STREET ADDRESS	Mary Bob Th	nomas Cir	NAME STREET ADDRESS	ss .	Hw	NO OF AC.	
CITY-ST-ZIP	+ Sanford, KL.	32771	CITY-ST-ZIP				
TITLE NAME	f	. 1	TITLE	T			
STREET ADDRESS	1	,	NAME STREET ADDRESS	22	•		*
CITY-ST-ZIP	<del></del>		CITY-ST-ZIP	<u>'</u>	, 		
TITLE Name		<del></del>	TITLE NAME				
STREET ADDRESS	I		NAME STREET ADDRESS	.   2	•		1
CITY-ST-ZIP	1	. •	CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules, 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

799. Bobert E. Cury