

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-31-2003 90144 008 *****8.75
02-24-2003 90248 023 ***141.25

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052861

1. Entity Name
CURCIO INVESTMENT GROUP, INC.



Principal Place of Business
258 TIMBERLINE TRAIL
ORMOND BEACH FL 32174

Mailing Address
258 TIMBERLINE TRAIL
ORMOND BEACH FL 32174

10026728



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0709.745

Applied For

Not Applicable

5. Certificate of Status Desired

* \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURCIO
CURCIO, LAWRENCE
258 TIMBERLINE TRAIL
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name CURCIO, LAWRENCE
Street Address (P.O. Box Number is Not Acceptable)
258 Timberline Trail
Ormond Beach FL 32174
City FL Zip Code 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CURCIO, LAWRENCE
STREET ADDRESS 258 TIMBERLINE TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE Salvatore S Curcio Vice Pres.
NAME 65 Colony Lane
STREET ADDRESS Syosset NY 11791
CITY-ST-ZIP ☐ Delete

TITLE Secretary of Treasury
NAME Michael S Curcio
STREET ADDRESS 215 W 95th Street
CITY-ST-ZIP NYC NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-24-03

368 316 0031

Date

Daytime Phone #

CR2E034 (10/02)