

2008 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

200

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90020 038 \*\*\*150.00

DOCUMENT # P 030000 29320

1. Entity Name

CURLYS GOLD CONNECTION INC

**DO NOT WRITE IN THIS SPACE**

40099563

2. Principal Place of Business  
5603 NORWOOD AVE  
Suite, Apt. #, etc.

3. Mailing Address  
5603 NORWOOD AVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
JACKSONVILLE FL  
Zip  
32208  
Country  
USA

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JACKSONVILLE FL  
Zip  
32208  
Country  
USA

4. FEI Number  
06-1681579  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
PATTERSON, BOND & LATCHAW PA

Street Address (P.O. Box Number is Not Acceptable)  
310 S. THIRD STREET

City JACKSONVILLE BEACH FL Zip Code 32250

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 \_\_\_\_\_ (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  
P.D  
ABRAHAM ASOR  
5603 NORWOOD AVE  
JACKSONVILLE FL 32208

TITLE  
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CITY-ST-ZIP

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

SIGNATURE: ABRAHAM ASOR 4/25/08 (906) 765-0075

CR2E034B (12/01)