

DOCUMENT # P92000007902

1. Entity Name  
CURY-SCHIMMEL CORPORATION

Principal Place of Business      Mailing Address  
%N GENE CURY      %N GENE CURY  
4435 EMERSON STREET      4435 EMERSON STREET  
JACKSONVILLE FL 32207-4957      JACKSONVILLE FL 32207-4957

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

**FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**  
01-09-2001 90048 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3153287**      Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code  
**SCHIMMEL, ROBERT L.**  
**3191 CORAL WAY**  
**PH-2**  
**MIAMI FL 33145**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CURY, PHILLIP H</b>		NAME		
STREET ADDRESS	<b>4435 EMERSON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHIMMEL, IRA L</b>		NAME		
STREET ADDRESS	<b>845 E. PLANTATION CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANTATION FL 33324</b>		CITY-ST-ZIP		
TITLE	<b>S</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CURY, N GENE</b>		NAME		
STREET ADDRESS	<b>4435 EMERSON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>		CITY-ST-ZIP		
TITLE	<b>AS</b> <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CURRY, RENE</b>		NAME	<b>Renee Curry</b>	
STREET ADDRESS	<b>4435 EMERSON ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Renee Curry*      1-4-01      (904) 396-5950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)