2000 UNIFORM BUSINESS REPORT (UBR) FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # **P97000003635** RICHARD CURRY COMMUNICATIONS, INC. 05-26-2000 90037 044 ***150.00 Mailing Address Principal Place of Business 17130 CALOOSA TRACE CIR 17130 CALOOSA TRACE CIR FT MYERS FL 33912-2566 FT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0727161 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CURRY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 17130 CALOOSA TRACE CIR FT MYERS FL 33912 Zip Code FL int for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits th SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE TITLE CURRY, RICHARD NAME NAME STREET ADDRESS 17130 CALOOSA TRACE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE

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 accuracy other like empowered.

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SIGNATURE SIGNATURE AND TYPET OF PERSON HAVE OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

5/1/00

94(432-0068

Change

Addition