changed, or on an attachment

SIGNATURE:

## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State P97000003635 DOCUMENT # 1. Entity Name 05-23-2002 90075 036 \*\*\*150.00 RICHARD CURRY COMMUNICATIONS, INC. Mailing Address Principal Place of Business 17130 CALOOSA TRACE CIR 17130 CALOOSA TRACE CIR FT MYERS FL 33912 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 4. FEI Number City & State City & State 65-0727161 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Zip Country 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 City 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 Fiorida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete NAME NAME CURRY, RICHARD STREET ADDRESS 17130 CALOOSA TRACE CIR STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 for day statutes, and that my name appears in Block 11 or Block 12 in the property of the part of the statutes and that my name appears in Block 11 or Block 12 in the property of the part of the statutes. atutes and that my name appears in Block 11 or Block 12 if address, with all other like empor

Daytime Phone #