

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 028 ***150.00

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AV

DOCUMENT # **P98000007852**

1. Entity Name
LAW OFFICE OF FRANK J. CURRIE, P.A.



Principal Place of Business
~~401 WATERSIDE LANE~~
~~NOKOMIS FL 34275~~
150 2ND AV N.
Ste 1500
St Petersburg FL 33701

Mailing Address
~~POST OFFICE BOX 2898~~
~~SARASOTA FL 34230~~
P O Box 88
St Petersburg FL 33731



2. Principal Place of Business
~~200 S. WASHINGTON BLVD~~

3. Mailing Address
P O Box 88

Suite, Apt. #, etc.
Ste 2

Suite, Apt. #, etc.

City & State
~~SARASOTA FL~~

City & State
St. Petersburg FL

4. FEI Number **65-0813837**

Applied For
 Not Applicable

Zip **34236** Country **USA**

Zip **33731** Country **USA**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CURRIE, FRANK J
401 WATERSIDE LANE
NOKOMIS FL 34275

150 2ND AV N
Ste 1500
St Petersburg FL 33701

7. Name and Address of New Registered Agent

Name
CURRIE, FRANK J

Street Address (P.O. Box Number is Not Acceptable)
150 2ND AV N.
Ste 1500

City **St Petersburg** State **FL** Zip Code **33701**

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 *Frank J Currie*

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 NAME STREET ADDRESS CITY-ST-ZIP | PD CURRIE, FRANK J 401 WATERSIDE LANE NOKOMIS FL 34275 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---|-------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CURRIE, FRANK J 150 2ND AV N ST. Petersburg, FL | Ste 1500 33701 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Frank J Currie* **4/28/03** **727-327 3222**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)