

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088102

1. Entity Name

SISTERS CURRY, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90058 019 ***150.00

Principal Place of Business

Mailing Address

8465 HENRY AVENUE
MELBOURNE FL 32904

P.O. BOX 120214
MELBOURNE FL 32912-0214

LUU43036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6005 N. WICKHAM RD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MELBOURNE FLA

City & State

4. FEI Number

59-3534810

Applied For

Not Applicable

Zip

32940

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALE, PRISCILLA C
8465 HENRY AVENUE
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

HALE, PRISCILLA C

Street Address (P.O. Box Number is Not Acceptable)

1826 HOLBROOK RD NW

City

PALM BAY

FL

Zip Code

32907

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 PRISCILLA C HALE, PRESIDENT

2-16-00

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE P
NAME HALE, PRISCILLA C
STREET ADDRESS 1826 HOLBROOK RD NW
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE TS
NAME PORTER, RITA C
STREET ADDRESS 2839 HESSEY AVE NE
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: PRISCILLA C HALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

3217222106

Daytime Phone #