2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 219961** 1. Entity Name COOPER, SIMMS, NELSON & MOSLEY, INC. 02-06-2001 90306 039 ***150.00 Principal Place of Business Mailing Address 271 W. CANTON AVENUE 271 W. CANTON AVENUE P.O. BOX 1480 P.O. BOX 1480 619212 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0863720 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMS, STEPHEN A Street Address (P.O. Box Number is Not Acceptable) 271 W CANTON AVE WINTER PARK FL 32789 Zip Code FL 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** 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Change ☐ Addition SIMMS, S. A. NAME NAME STREET ADDRESS 271 W CANTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PK, FL 00000 **VPTD** TITLE ☐ Delete TITLE Change ☐ Addition SIMMS, ROBERT B NAME NAME STREET ADDRESS 271 W CANTON AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE VPSD ☐ Delete TITLE ☐ Addition ☐ Change NAME. HAVRON, JR J R NAME STREET ADDRESS 271 W CANTON AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition PEERY, SANDRA K NAME NAME STREET ADDRESS 271 W CANTON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change 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: