

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 393223

1. Entity Name
SIMTEC, INC.

Principal Place of Business

3600 STATE ROAD #520
P.O. BOX 3883
COCOA FL 32924-0883

Mailing Address

3600 STATE ROAD #520
P.O. BOX 3883
COCOA FL 32924-3883

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WRIGHT, SCOTT
175 E NASA BLVD
SUITE 300
MELBOURNE FL 32921

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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	DST	<input type="checkbox"/> Delete
NAME	FISCHER, NANCY S.	
STREET ADDRESS	14668 US HWY 31	
CITY-ST-ZIP	HOPE HULL AL 36043	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SIMICICH, JO ANNE	
STREET ADDRESS	100 VANNOY ST	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SIMICICH, ESPERANTO J	
STREET ADDRESS	4673 S FRIDAY CIRCLE	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PORTER, CARLA	
STREET ADDRESS	12982 JAMES MONROE HWY.	
CITY-ST-ZIP	LEESBURG VA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMICICH, STEVE	
STREET ADDRESS	11901 SW 91ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, GERALDINE S.	
STREET ADDRESS	1210 PINECREST DR.	
CITY-ST-ZIP	ALPHARETTA GA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Nancy S. Fischer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00
Date

334/288-1995
Daytime Phone #

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90108 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1380106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CP2E034 (9/99)