

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

04-28-2003 91414 035 ***150.00

DOCUMENT # 395469

1. Entity Name
SIMCANN, INC.



Principal Place of Business
**1913 NORTH STATE ROAD 7
MARGATE FL 33063**

Mailing Address
**1913 NORTH STATE ROAD 7
MARGATE FL 33063**

00041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1377604**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERACI, LUCILLE E
10271 NW 43RD ST
CORAL SPRING FL 33065**

Name **James P. Geraci**
Street Address (P.O. Box Number is Not Acceptable)
10271 NW 43 ST
City **Coral Springs** FL Zip Code **33065**

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 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5/15/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GERACI, JAMES P
10271 NW 43 STREET
CORAL SPRINGS FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Carolyn Geraci
1913 North State Rd 7
Margate, FL 33063** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GERACI, LUCILLE E
10271 N.W. 43 STREET
CORAL SPRINGS FL 33065** ☒ Delete

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

TITLE
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TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Daytime Phone #

CR2E034 (10/02)