

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90040 011 ***150.00

DOCUMENT # 588455

1. Entity Name
SIMAGRO, INCORPORATED

Principal Place of Business 5021 BARRINGTON CIR SARASOTA FL 34234-3882 US	Mailing Address 5021 BARRINGTON CIR SARASOTA FL 34234-3882 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. Apt 13 207 S Lake Silver City & State Winter Haven FL Zip 33881	Country Polk	3. Mailing Address Suite, Apt. #, etc. Apt 13 207 S Lake Silver Dr City & State Winter Haven FL Zip 33881	Country Polk
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4. FEI Number 59-1852552	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SILVER, LINDA S
5021 BARRINGTON CIR
SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name
Simanton, William A Jr
 Street Address (P.O. Box Number is Not Acceptable)
Apt 13 207 S Lake Silver Dr
 City
Winter Haven FL Zip Code
33881

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 William A Simanton Jr William A Simanton Jr 4/7/00
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 PD	<input checked="" type="checkbox"/> Delete
NAME SIMANTON, ROSEMARY F	
STREET ADDRESS 1225 HAVENDALE BLVD #228	
CITY-ST-ZIP WINTER HAVEN FL	
TITLE STD	<input type="checkbox"/> Delete
NAME SIMANTON, DONALD F	
STREET ADDRESS 6 MEMORY LANE	
CITY-ST-ZIP SEABROOK TX	
TITLE D	<input type="checkbox"/> Delete
NAME SILVER, LINDA	
STREET ADDRESS 5021 BARRINGTON CIRCLE	
CITY-ST-ZIP SARASOTA FL 82	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Silver, Linda
STREET ADDRESS	930 Crescent Dr.
CITY-ST-ZIP	BARTOW CA 92311-5751
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: Donna E. Simanton Don J Simanton 3-10-00 281-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)