

2001 UNIFORM BUSINESS REPORT (UBR)

0005126

DOCUMENT # 603633

1. Entity Name
COBLE & SIMPSON, INC.

FILED

01 JAN 22 AM 11:05

Principal Place of Business Mailing Address
1020 W. INTERNATIONAL SPEEDWAY BLVD 1020 W. INTERNATIONAL SPEEDWAY BLVD
P.O. BOX 9670 P.O. BOX 9670
DAYTONA BEACH FL 32114-3422 DAYTONA BEACH FL 32114-3422

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1432729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBLE, J KERMIT
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BEACH FL 32114

Name Scott E. Simpson
Street Address (P.O. Box Number is Not Acceptable) 1020 W. International Speedway Blvd
City Daytona Beach FL Zip Code 32120

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 Scott E. Simpson

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME COBLE, J KERMIT
STREET ADDRESS 1020 W INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP DAYTONA BCH, FL 00000 ☒ Delete

TITLE President
NAME Scott E. Simpson
STREET ADDRESS 1020 W. International Speedway Blvd
CITY-ST-ZIP DAYTONA BEACH, FL 32120 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003623956-8
-02/02/01--01023--009
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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: Scott E. Simpson President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/4/01

Daytime Phone # 904-253-0661

CR2E034 (10/00)

KE