

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838532

1. Entity Name

CIDCO, INC. OF SAMSON, ALABAMA

Principal Place of Business

RT 3 BOX 203
HWY 54
SAMSON AL 36477
US

Mailing Address

RT 3 BOX 203
SAMSON AL 36477-9353
US

2. Principal Place of Business

PO Box 456
Suite, Apt. #, etc.
BAKER FL

3. Mailing Address

PO Box 456
Suite, Apt. #, etc.

City & State

City & State

BAKER FL

Zip

32531

Country

US

Zip

32531

Country

US

6. Name and Address of Current Registered Agent

MONGOVEN, WILLIAM J.
105 SOUTH 5TH ST.
CHIPLEY FL 32428

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

Edna E. Simmons VP

3-24-2000

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	VSD	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, EDNA E E	
STREET ADDRESS	RT 3 BOX 203	
CITY-ST-ZIP	SAMSON AL 36477	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	SIMMONS, STEVEN E	
STREET ADDRESS	RT 3 BOX 203	
CITY-ST-ZIP	SAMSON AL 36477	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA E. SIMMONS	
STREET ADDRESS	347 AVALON BLVD	address
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN E. SIMMONS	
STREET ADDRESS	347 AVALON BLVD	address
CITY-ST-ZIP	DESTIN, FL 32541	
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:

Edna E. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90046 010 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0622723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)