2197 AF

DOCUMENT # A27677

1. Entity Name

SIMS ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 23 PM 11:02

Principal Place of Business	Mailing Address
6214 NORTH QUEENSWAY DRIVE TEMPLE TERRACE FL 33617	6214 NORTH QUEENSWAY DRIVE TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. PO Box 11825	Suite, Apt. #, etc. PO Box 11825
City & State Tampa FL	City & State Tampa FL
Zip 33619 Country U.S.A.	Zip 33619 Country U.S.A.

4. FEI Number 59-2923348 ☐ Applied For ☐ Not Applicable

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
SIMS, TOMMY 6214 NORTH QUEENSWAY DRIVE TEMPLE TERRACE FL 33617	Name DEAN P. Sims Street Address (P.O. Box Number is Not Acceptable) 1219 U.S. 301 North City Tampa **FL** Zip Code 33619

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 Thomas H. Sims II S.P. 7-22-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE — SEE REVERSE SIDE FOR FEE INFORMATION
$622,990.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT #	STREET ADDRESS
NAME SIMS, THOMAS H. II Delete Admdn 11-15	
STREET ADDRESS 1219 N. HIGHWAY 301	CITY-ST-ZIP 300003456423--4
CITY-ST-ZIP TAMPA FL	-11/07/00--01141--010
DOCUMENT #	****926.25 ****926.25
NAME SIMS, DEAN P.	STREET ADDRESS
STREET ADDRESS 1219 N. HIGHWAY 301	CITY-ST-ZIP
CITY-ST-ZIP TAMPA FL	
DOCUMENT #	STREET ADDRESS
NAME	
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CITY-ST-ZIP	

CR2E003 (5/00)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Dean P. Sims 8/9/00 813-626-8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #