

2001 UNIFORM BUSINESS REPORT (UBR)

0001079 AF

DOCUMENT # **A99000001297**

1. Entity Name

SIMPLE CONDUCT, LTD.

Principal Place of Business

**C/O RANDY C. GOLDEN LAW OFFICES
100 NORTH BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132**

Mailing Address

**P.O. BOX 143
EARLETON FL 32631**

FILED

01 MAY -1 PM 12:31

**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

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**TEPPERBERG, PHILIP S P.C.
3141 N.W. 13TH STREET
GAINESVILLE FL 32609**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

9. Capital Contributions

as Shown on record.

~~\$450,000.00~~

NEVER RAISED THIS

10. Amount of Capital Contributions

in FLORIDA to date.

~~\$12,500.00~~

**MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

DOCUMENT # **P99000068821**
NAME **AWARE-HEALTH ENTERPRISES, INC.**
STREET ADDRESS **21209 N.E. 113TH AVE.**
CITY-ST-ZIP **EARLETON FL 32631**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

CR2E003 (11/00)