## 20001

**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # F01000005112 SIMPSON COMMERCIAL CONTRACTING, INC. 02-19-2002 90003 033 \*\*\*150.00 Principal Place of Business Mailing Address 4905 POWELL AVENUE SOUTH PO BOX 321275 BIRMINGHAM AL 35222 BIRMINGHAM AL 35232-1275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1223563 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible .10.\_Election Campaign Financing... \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E PCD ☐ Delete TITLE Change ☐ Addition NAME SIMPSON, GEORGE E NAME 4905 POWELL AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP VD J. C. J. ☐ Delete TITLE ☐ Change ☐ Addition KENNEDY, J. MICHAEL NAME NAME STREET ADDRESS 4905 POWELL AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP TITLE ☐ Delete SD TITLE ☐ Change ■ Addition SIMPSON, BETH NAME NAME STREET ADDRESS 4905 POWELL AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP BIRMINGHAM AL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information superfied with this fifting 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 true e 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:

GEORGE SIMPSON, PRESIDENT SIGNATURE AND TYPED OR PARTIES NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 31, 2002

Date

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Daytime Phone #