

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93593 044 ***150.00

DOCUMENT # F75805

1. Entity Name

L. DAVID SIMS, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12670 New Brittany Blvd.

Suite, Apt. #, etc.

Suite 101

City & State

Fort Myers, FL

Zip

33907

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2179446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PST SIMS, L DAVID 12670 New Brittany Blvd. Suite 101 Fort Myers, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

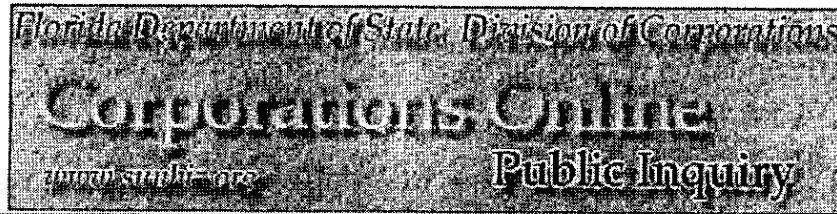
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Attachment

Florida Profit**L. DAVID SIMS, P.A.**

PRINCIPAL ADDRESS

12670 NEW BRITTANY BLVD
STE 101
FORT MYERS FL 33907 US
Changed 04/10/1997

MAILING ADDRESS

PO OFFICE DRAWER 60205
PO BOX 60205
FORT MYERS FL 33906 US
Changed 04/10/1997

Document Number
F75805

State
FL

FEI Number
592179446

Status
ACTIVE

Date Filed
04/15/1982

Effective Date
NONE

Registered Agent

Name & Address
SIMS, L. DAVID 12670 NEW BRITTANY BOULEVARD, SUITE 101 FORT MYERS FL 33919
Address Changed: 03/05/1991

Officer/Director Detail

Name & Address	Title
SIMS, L DAVID 12670 NEW BRITTANY S-101 FT MYERS FL	PST

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F75805**

1. Entity Name
L. DAVID SIMS, P.A.

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90154 014 ***550.00

Attachment



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12670 NEW BRITTANY BLVD STE 101 FORT MYERS FL 33907 US		Mailing Address PO OFFICE DRAWER 60205 PO BOX 60205 FORT MYERS FL 33906 US	
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 59-2179446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMS, L. DAVID 12670 NEW BRITTANY BOULEVARD, SUITE 101 FORT MYERS FL 33919		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIMS, L. DAVID 12670 NEW BRITTANY S-101 FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____

Handwritten signature
NOT REQUIRED

4/19/2001 9:11:23 AM