## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## F96000000070 **DOCUMENT #**



Secretary of State 02-13-2003 90259 043 \*\*\*150.00 1. Entity Name SIMON-EISEN HOLDINGS, INC. Mailing Address Principal Place of Business % DAVID EISEN % DAVID EISEN 1250 DEER PARK LANE 1250 DEERE PARK LANE DEERFIELD IL 60015 DEERFIELD IL 60015 HS US 2. Principal Place of Business 3. Mailing Address ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0634814 City & State Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALIAMS, ALICE M Street Address (P.O. Box Number is Not Acceptable) **ECKERT SEAMANS CHERIN & MELLOTT** 209 WEST COLLEGE AVENUE, 3RD FLOOR Zip Code TALLAHASSEE FL 32301 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE .... DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. EISEN, DAVID ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 1250 DEERE PARK LANE STREET ADDRESS CITY-ST-ZIP DEERFIELD IL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Feb 13, 2003 8:00 am

CR2E034 (10/02