

# 2002 UNIFORM BUSINESS REPORT (UBR)

7/22

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90155 037 \*\*\*550.00

**DOCUMENT # H14064**

1. Entity Name

**SIMPSON ENTERPRISES, INC.**

Principal Place of Business

**2 VIA LUCINDIA  
 SEWALLS POINT FL 34996**

Mailing Address

**2 VIA LUCINDIA  
 SEWALLS POINT FL 34996**

**41354**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2449015**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SIMPSON, BRENDA  
 3026 BRIERWOOD PLACE  
 STUART FL 34997**

*I filed online +  
 paid w/ credit card in  
 April. It was not  
 recognized.*

7. Name and Address of New Registered Agent

Name: *Brenda Simpson Willis*  
 Street Address (P.O. Box Number is Not Acceptable)

*2 Via Lucindia*  
 City: *Sewalls Point* FL Zip Code: *34996*

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

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST <i>WILLIS</i></b> <b>SIMPSON, BRENDA</b> <b>3026 BRIERWOOD PLACE</b> <b>STUART FL 34997</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>2 Via Lucindia</i> <i>Sewalls Point, FL 34996</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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"/> 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Brenda Simpson Willis* **772.463.1551**

CR2034 (4/02)

Attachment

41354

#14064

Department of Health • Vital Statistics

## STATE OF FLORIDA

## MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)



INSTR # 1588089

OR BK 01665 PG 0221

RECORDED 07/23/2002 10:23:03 AM

MARSHA EWING

CLERK OF MARTIN COUNTY FLORIDA

RECORDED BY L Wood

02-000516

(APPLICATION NUMBER)

## APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) <b>JAMES HENRY WILLIS</b>			2. DATE OF BIRTH (Month, Day, Year) <b>11/05/1952</b>	
3a. RESIDENCE - CITY, TOWN OR LOCATION <b>SEWALLS POINT</b>	3b. COUNTY <b>MARTIN</b>	3c. STATE <b>FL</b>	4. BIRTHPLACE (State or Foreign Country) <b>FL</b>	
5a. BRIDE'S NAME (First, Middle, Last) <b>BRENDA CHANEY SIMPSON</b>			5b. MAIDEN SURNAME (If different) <b>CHANEY</b>	
6a. RESIDENCE - CITY, TOWN, OR LOCATION <b>STUART</b>			6b. COUNTY <b>MARTIN</b>	
7a. STATE <b>FL</b>			7b. DATE OF BIRTH (Month, Day, Year) <b>07/27/1948</b>	
8a. BIRTHPLACE (State or Foreign Country) <b>OHIO</b>				

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>James H. Willis</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>07/12/2002</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Brenda C. Simpson</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>07/12/2002</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>[Signature]</i>	

## LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE <b>MARTIN</b>	18. DATE LICENSE ISSUED <b>07/12/2002</b>	19a. DATE LICENSE EFFECTIVE <b>07/15/2002</b>	19. EXPIRATION DATE <b>09/10/2002</b>
20. SIGNATURE OF COURT CLERK OR JUDGE <i>Marsha Ewing</i>		20b. TITLE <b>CLERK OF CIRCUIT COURT</b>	
		20c. BY D.C. <i>[Signature]</i>	

## CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) <b>7/20/02</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>PORT SALERNO, FL</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>James K. Minshew</i>		23b. ADDRESS (Of person performing ceremony) <b>P.O. Box 1127, Pt. Salerno, FL 34992</b>	
23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Of notary stamp) <b>THE REV. JAMES K. MINSHEW RECTOR, ST. LUKE'S EPISCOPAL CHURCH</b>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Andrew Wilkin</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Karen Moore</i>	

STATE OF FLORIDA  
MARTIN COUNTY

THIS IS TO CERTIFY THAT THE  
FOREGOING \_\_\_\_\_ PAGES IS A TRUE  
AND CORRECT COPY OF THE ORIGINAL.

MARSHA EWING, CLERK

BY: *[Signature]* D.C.DATE: **7/24/02**