## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% DAVID SIMONSON

## DOCUMENT # H16214

1. Entity Name

DAVID SIMONSON, INC.

Principal Place of Business

% DAVID SIMONSON

CITY-ST-ZIP

SIGNATURE:

2. Principal Place of Business   3. Mailing Address   Suite, Apt. #. dtc.   Suite, Apt. #. otc.   CheCK HERE IF MAKING CHANGES   City & State   Chiy & State   4. FET Number 59-2434498   Application Not Applicable   Zp	1081 BACOM POINT ROAD PAHOKEE FL 33476  2. Principal Place of Business				1081 BACOM POINT ROAD PAHOKEE FL 33476  3. Mailing Address								
City & State    City & State   City & State   City & State   S				3. Mailing									
Supplementation   Supplement	Suite, Apt.			Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Street Address (° C. Box Number is Not Acceptable)    City   FL   Zip Code	City & State	<del></del>		City & S	City & State			4. FEI Number 59-2434498					
SIMONSON, DAVID 1081 BACOM POINT ROAD PAHOKEE FL 33476  City FL 27p Code  City FL 27	Zip		Country	Zip	Zip		Country 5.		Certificate of Status Desired [				
SIMONSON, DAVID  1081 BACOM POINT ROAD  PAHOKEE FL 33476  City FL Zio Code  City FL Zio Code  City FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Corporate named registered agent. Signature, hased or protest name of registered agent ag		6. Name	and Address of Currer	nt Registered A	Agent			7.	Name and Address of New Regis	tered A	gent		
1081 BACOM POINT ROAD PAHOKEE FL 33476  City FL Zip Codo  B. 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 accopt the obligations of registered agent.  SIGNATURE    Description   Supplement found or printed name of registered agent.							Name						
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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.    Common types of printed name of registered agent and the ill applicable.   (NOTE: Registered Agent signature required wher reinstating)	PAHOKEE	FL 33476					City	<u></u>		FI.	Zip Code	)	
the obligations of registered agent.    Signature   Si							1 -60	. <u>.</u>	root or both in the State of Elerida		miliar with	and accept	
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12. 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 10 or Block 11 if changed, or on an attachment with ap address, without other like empowered.

**FILED** 

Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90020 044 \*\*\*150.00