2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # H28415** Feb 09, 2001 8:00 am Secretary of State 1. Entity Name SIM-PAR, INC. 02-09-2001 90217 016 ***150.00 Principal Place of Business Mailing Address 18 OCEAN DUNE CIR 18 OCEAN DUNE CIR PALM COAST FL 32137 PALM COAST FL 32137 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 59-2520014 Not Applicable Zip Country 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 ROSENBAUM, STAN Street Address (P.O. Box Number is Not Acceptable) 18 OCEAN DUNE CIR PALM COAST FL 32137 Zip Code FL 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, 2001 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 12. PD ☐ Delete TITLE Change ☐ Addition GEORGOUNIS, CONSTANTINE GEORGOULIS, CONSTANTINE NAME NAME 18 OCEAN DUNE CIRCLE STREET ADDRESS 145 FLORIDA PARK DR. STREET ADDRESS CITY-ST-ZIP PALM COAST FL CITY-ST-ZIP PALM COAST FL 32137 TITLE ☐ Delete TITLE Change ☐ Addition ROSENBAUM, STAN NAME NAME STREET ADDRESS **5 SHAWNEE TRAIL** STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL CITY-ST-7IP TITLE Delete TITLE Change ■ Addition GEORGOULIS, IDANNIS. 18 OCEAN DUNE CIRCLE GEORGOULIS. IOANNIS NAME NAME STREET ADDRESS 145 FLORIDA PARK DR STREET ADDRESS PALM COAST, FL 32137 CITY-ST-ZIP PALM COAST FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Apport 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 trusted 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 IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRES