2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H28415 1. Entity Name SIM-PAR, INC.						FILED Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90036 033 ***150.00			
Principal Place of Business 18 OCEAN DUNE CIR PALM COAST FL 32137 US		Mailing Address 18 OCEAN DUNE CIR PALM COAST FL 32137 US							
2. Principal P	Place of Business	3. Mailing Address				A 1986AU ALLA 11800 1911 ALAA 1914A HAAA MAAA	KIUII BIBII UIUI I		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State				FEI Number 59-2520014		oplied For ot Applicable	
Zip	Country	Zip	Count	iry	<u>ي</u> د 5	Certificate of Status Desired.	\$8.75 Add Fee Require	ditional d	
6. Name and Address of Current Registered Agent				Name	7.	Name and Address of New Registered	Agent		
ROSENBAUM, STAN 18 OCEAN DUNE CIR			·	Street Address (P.O. Box Number is Not Acceptable)					
PALM COAST FL 32137									
				City		FL	Zip Cod	e	, ,
8. The above	named entity submits this statement for	the purpose of changing its i	registere	d office or	registered a	gent, or both, in the State of Florida.		, ,	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOTE	Registered	Acent signati	ure required when	reinstating) DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After May 1, 2002 (See criteria on back) Make Check Payable			2 Fee v	vill be \$5	50.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
11. TITLE	OFFICERS AND D		12.		A	DDITIONS/CHANGES TO OFFICERS AND		S IN 11	(
NAME STREET ADDRESS CITY-ST-ZIP	GEORGOULIS, CONSTANTINE 18 OCEAN DUNE CIRCLE PALM COAST FL 32137		NAME				Change []		CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete ROSENBAUM, STAN 5 SHAWNEE TRAIL ORMOND BEACH FL		11				Change	Addition	Ë
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGOULIS, IOANNIS 18 OCEAN DUNE CIRCLE PALM COAST FL 32137	Delete	TITLE NAME STREE				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	11		-		[]] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	11				🛄 Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-:	T ADDRESS ST- ZIP			🗋 Change	Addition	
of the cor	sertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trusted empower or on an attachment with an address, vi	ue and accurate and that me ered to execute this report a	the exen y signatu is require	nption stat are shall ha ed by Cha	ed in Section ave the same pter 607, Flor	119.07(3)(I), Florida Statutes, I further cere legai effect as if made under oath; that I ida Statutes; and that my name appears i	am an officer In Block 11 or	or director Block 12 if	
SIGNATURE: X 26 CANANTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #									

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