

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90068 020 ***158.75

DOCUMENT # K69628

1. Entity Name

SIMPSON & ASSOCIATES, INC.

Principal Place of Business

**21310 HIGHWAY 98 N
TRILBY FL 33593**

Mailing Address

**P O BOX187
TRILBY FL 33593
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2935327

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, WILTON E
21310 HWY 98 N
TRILBY FL 33593**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	DPT	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, GLORIA J	
STREET ADDRESS	P.O.BOX 347 N/A	
CITY-ST-ZIP	TRILBY FL 33593	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> Delete
NAME	MALONE, ARNOLD	
STREET ADDRESS	21310 HWY 98 NORTH	
CITY-ST-ZIP	TRILBY-FL 33593	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, ARNOLD	
STREET ADDRESS	21310 HWY 98 NORTH	
CITY-ST-ZIP	TRILBY FL 33593	

TITLE	V	<input type="checkbox"/> Delete
NAME	SIMPSON, WILTON E	
STREET ADDRESS	5384 LEISURE STREET	
CITY-ST-ZIP	TRILBY FL 33593	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, WILTON E	
STREET ADDRESS	PO BOX 721	
CITY-ST-ZIP	TRILBY FL 33593	

TITLE	SEC	<input type="checkbox"/> Delete
NAME	REITTINGER WAYNE F	
STREET ADDRESS	36908 CHANLEY RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITTINGER, WAYNE F	
STREET ADDRESS	36908 CHANCEY RD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

**WILTON E. SIMPSON, PRESIDENT 1/12/20001 352-583-4648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)