

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90030 041 ***150.00

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

39646 Fig Street
 Suite, Apt. #, etc.

3. Mailing Address

PO Box 196
 Suite, Apt. #, etc.

City & State

Crystal Springs FL

City & State

Crystal Springs FL

4. FEI Number

59-2935327

Applied For

Not Applicable

Zip

33524

Country

Zip

33524

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
WAYNE F. REITTINGER
 Street Address (P.O. Box Number is Not Acceptable)
39646 Fig Street
 City
Crystal Springs FL Zip Code
33524

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 **WAYNE F. REITTINGER, TREASURER**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/21/2002
 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, 2002 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

TITLE **PS** ☒ Delete
 NAME **MALONE, ARNOLD**
 STREET ADDRESS **21310 HWY 98 NORTH**
 CITY-ST-ZIP **TRILBY FL 33593**

TITLE **DP** ☒ Delete
 NAME **SIMPSON, WILTON E**
 STREET ADDRESS **5384 LEISURE STREET**
 CITY-ST-ZIP **TRILBY FL 33593**

TITLE **ST** ☒ Delete
 NAME **REITTINGER WAYNE F**
 STREET ADDRESS **36908 CHANLEY RD**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **BISTON, CLYDE A**
 STREET ADDRESS **PO Box 1299**
 CITY-ST-ZIP **Crystal Springs FL 33524**

TITLE **P** ☐ Change ☒ Addition
 NAME **GRAY, CHARLES L.**
 STREET ADDRESS **PO Box 1299**
 CITY-ST-ZIP **Crystal Springs FL 33524**

TITLE **VS** ☐ Change ☒ Addition
 NAME **GRAY, JODIE L**
 STREET ADDRESS **PO Box 1299**
 CITY-ST-ZIP **Crystal Springs FL 33524**

TITLE **T** ☐ Change ☒ Addition
 NAME **REITTINGER, WAYNE F**
 STREET ADDRESS **39608 Chancey Road**
 CITY-ST-ZIP **Zephyrhills FL 33541**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE: **WAYNE F. REITTINGER, TREASURER** **01/21/2002** **813-783-1688**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)