

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90133 047 \*\*\*\*50.00

**DOCUMENT # L01000000129**

1. Entity Name  
**SIMPLE SENSATIONS MARKETING, LLC**

Principal Place of Business  
**533 SO. HOWARD #855**  
**TAMPA FL 33606**

Mailing Address  
**533 SO. HOWARD #855**  
**TAMPA FL 33606**

2. Principal Place of Business  
**533 S. HOWARD AVENUE #8**  
 Suite, Apt. #, etc.  
**PMB 55**  
 City & State  
**Tampa, FL**  
 Zip  
**33606**  
 Country  
**USA**

3. Mailing Address  
**533 S. HOWARD AVE. #8**  
 Suite, Apt. #, etc.  
**PMB 55**  
 City & State  
**Tampa, FL**  
 Zip  
**33606**  
 Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3688171**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HINES, JAMES P**  
**315 SOUTH HYDE PARK AVENUE**  
**TAMPA FL 33606**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS / MANAGERS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Member<br>Laura York<br>305 Caspian Street<br>Tampa, FL 33606 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**10. ADDITIONS / CHANGES**

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Member<br>Karen Fate<br>3805 Granada Street<br>Tampa, FL 33629 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/27/02 815-832-4488*

CR2E083 (9/01)