

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014273

1. Entity Name

SIMPSON PROPERTIES, LLC

Principal Place of Business

8802 CORPORATE SQUARE COURT
JACKSONVILLE FL 32216

Mailing Address

PO BOX 20513
ST. SIMONS ISLAND GA 31522

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

59-3739165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PATRICIA A. MALLARD~~

REIMLER, JOHN

8802 CORPORATE SQUARE COURT
JACKSONVILLE FL 32216

Name:

DUVAL REALTY INC.

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

11645 BEACH BOULEVARD, SUITE 201

City

JACKSONVILLE

FL

Zip Code

32246

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia A. Mallard as agent*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/08/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME *John Reimler managing agent* ☐ Delete
STREET ADDRESS *PO Box 20513*
CITY-ST-ZIP *St Simons Island GA 31522*

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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: *John Reimler* SIGNATURE REQUIRED

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

07/08/02 (904) 641-4464

Date

Daytime Phone #

FILED

Aug 18, 2002 8:00 am
Secretary of State

07-16-2002 90371 024 ****50.00

41668



DO NOT WRITE IN THIS SPACE

CR2003 (4/02)