

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L14438

FILED
Aug 02, 2002
Secretary of State

Entity Name: SIMCOM INTERNATIONAL, INC.

Current Principal Place of Business:

7500 MUNICIPAL DR.
ORLANDO, FL 32819

New Principal Place of Business:

6989 LEE VISTA BOULEVARD
ORLANDO, FL 32822 US

Current Mailing Address:

7500 MUNICIPAL DR.
ORLANDO, FL 32819

New Mailing Address:

6989 LEE VISTA BOULEVARD
ORLANDO, FL 32822 US

FEI Number: 59-2966272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, WALTER W
7500 MUNICIPAL DRIVE
ORLANDO, FL 32819

Name and Address of New Registered Agent:

DAVID, WALTER W
6989 LEE VISTA BOULEVARD
ORLANDO, FL 32822

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:

08/02/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVID, WALTER W
Address: 9362 BENTLEY PARK CIRCLE
City-St-Zip: ORLANDO, FL

Title: STD () Delete
Name: HARVEY, WILLIAM
Address: 5000 NW 36TH ST #19
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVID, WALTER W
Address: 9362 BENTLEY PARK CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: STD (X) Change () Addition
Name: HARVEY, WILLIAM
Address: 5000 NW 36TH ST #19
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER W. DAVID

PD

08/02/2002

Electronic Signature of Signing Officer or Director

Date