

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57463

1. Entity Name

SIMPSON REALTY, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90050 020 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JOHN SIMPSON  
1645 PIEDMONT CIRCLE  
MARCO ISLAND FL 34145-4032  
US

C/O JOHN SIMPSON  
1645 PIEDMONT CIRCLE  
MARCO ISLAND FL 34145-4032  
US

00009131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 JOHN SIMPSON

3. Mailing Address

90 JOHN SIMPSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2367 TRADE CENTER WAY

2367 TRADE CENTER WAY

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34109

Country

COLLIER

Zip

34109

Country

COLLIER

4. FEI Number

65-0220127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

SIMPSON, JOHN

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

206 TRAILORAMA DRIVE

City

NORTH PORT

FL

Zip Code

34287

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

*John Simpson*

JOHN SIMPSON PD

1/21/00

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)

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**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2000 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 PD  
NAME SIMPSON, JOHN  
STREET ADDRESS 1645 PIEDMONT CIRCLE  
CITY-ST-ZIP MARCO ISLAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SIMPSON, JOHN  
STREET ADDRESS 206 TRAILORAMA DRIVE  
CITY-ST-ZIP NORTH PORT, FLORIDA 34287

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*John Simpson*

JOHN SIMPSON, PD

1/21/00

941-423-8995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #