

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -6 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006358

1. Entity Name  
SIMDAG INVESTMENTS, LLC

Principal Place of Business

204 HARBOR VIEW LANE  
LARGO FL 33770

Mailing Address

204 HARBOR VIEW LANE  
LARGO FL 33770-4007

2. Principal Place of Business

2840 WEST BAY DRIVE #135

Suite, Apt. #, etc.

3. Mailing Address

2840 WEST BAY DRIVE #135

Suite, Apt. #, etc.

City & State

BELLEAIR BLUFFS, FL

City & State

BELLEAIR BLUFFS, FL

Zip

33770

Country

USA

Zip

33770

Country

USA

4. FEI Number

59-3603756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS JR, CHARLES M  
101 EAST KENNEDY BLVD., STE 2700  
TAMPA FL 33601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

MANAGER  
FRANZ JAGOSTINO  
1751 CHARITY DRIVE  
BRENTWOOD, TN 37027

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

MANAGER  
JOEY SIMON  
16603 VILALANDA DE AVILA  
TAMPA, FL 33613

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10. ADDITIONS/CHANGES

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

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

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/3/00

Date

(810) 581-6452

Daytime Phone #

CR2E083 (9/99)