

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

4. FEI Number

59-3603756

Applied For

Not Applicable

Zip

33770

Country

USA

Zip

33770

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 Delete

NAME: MANAGER
FRANCIS AGOSTINO
STREET ADDRESS: 1751 CHARITY DRIVE
CITY-ST-ZIP: BRENTWOOD, TN 37027

TITLE Delete

NAME: MANAGER
JODY SIMON
STREET ADDRESS: 16603 VILLENDA DE AVILA
CITY-ST-ZIP: TAMPA FL 33613

TITLE Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Change Addition

NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/3/00

Date

(810) 581-6452

Daytime Phone #

CR2E083 (9/99)