

2002 UNIFORM BUSINESS REPORT (UBR)

0006155

DOCUMENT # N01000001456

1. Entity Name

SIMBROS, INC.

Principal Place of Business

4254 HEATHERWOOD DR.
TALLAHASSEE FL 32308

Mailing Address

4254 HEATHERWOOD DR.
TALLAHASSEE FL 32308

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

59-3731286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMS, LARRY W
2416 THORTON DR.
TALLAHASSEE FL 32308

Name

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

700005289667--0

-04/17/02--01049--017

City

*****61.2FL *****61.25

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SIMS, HILTON H
STREET ADDRESS 4254 HEATHERWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE Director
NAME Lynn Sims
STREET ADDRESS 16248 E. Mahan Dr.
CITY-ST-ZIP Tallahassee, FL 32309 ☐ Change ☒ Addition

TITLE ESD
NAME SIMS, N. ARGEAN
STREET ADDRESS 4254 HEATHERWOOD DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE VD
NAME SIMS, LARRY W
STREET ADDRESS 2416 THORTON RD.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE VD
NAME SIMS, GWYNN E
STREET ADDRESS 14745 LANGFORD LANE
CITY-ST-ZIP FOLEY AL 36535 ☐ Delete

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

TITLE D
NAME SIMS, GLENN E
STREET ADDRESS 16248 E. MAHAN DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE D
NAME SIMS, RAYMOND C
STREET ADDRESS 16250 E. MAHAN DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Hilton Sims

Date

Daytime Phone #

CR2E037 (9/01)