

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010689

1. Entity Name

GRAEME G. SIM, P.A.

Principal Place of Business

823 KENTUCKY AVE #B
ST CLOUD FL 34769

Mailing Address

823 KENTUCKY AVE #B
ST CLOUD FL 34769

2. Principal Place of Business

2706 Kendall Avenue

Suite, Apt. #, etc.

3. Mailing Address

2706 Kendall Avenue

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3623338

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

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

HARRY J SWART CPA
717 EAST OAK STREET
KISSIMMEE FL 34744

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SIM, GRAEME G
STREET ADDRESS 823 KENTUCKY AVE #B
CITY-ST-ZIP ST CLOUD FL 34769

TITLE D ☒ Change ☐ Addition
NAME Sim, Graeme G.
STREET ADDRESS 2706 Kendall Avenue
CITY-ST-ZIP Kissimmee, FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRAEME SIM

Date

04/11/01

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)