

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-16-2001 90002 027 ***150.00

DOCUMENT # P00000063085

1. Entity Name
SIMPLE COMPUTER SOLUTIONS, INC.

Principal Place of Business Mailing Address
4630 NORTH UNIVERSITY DRIVE SUITE 313 4630 NORTH UNIVERSITY DRIVE SUITE 313
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067

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 **65-1019773** 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

DOYLE, KEVIN
4630 NORTH UNIVERSITY DRIVE SUITE 313
CORAL SPRINGS FL 33067

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/11/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
 NAME **D**
 STREET ADDRESS **DOYLE, KEVIN**
 CITY-ST-ZIP **4630 NORTH UNIVERSITY DRIVE SUITE 313**
CORAL SPRINGS FL 33067

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PASTORE, JON**
 CITY-ST-ZIP **4630 NORTH UNIVERSITY DRIVE SUITE 313**
CORAL SPRINGS FL 33067

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/11/01**

DAYTIME PHONE # **954-415-7813**

CR2E034 (5/01)

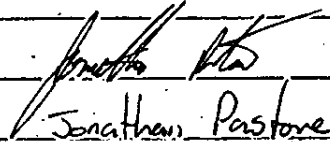
Attachment 10560

OH# P000000-63085

Dear D.O.S.

I apologize for Not sending payment sooner. This is the first notice I receive on this matter and I was hoping you would be kind enough to waive the \$40.00 fee. I have enclose the original amount of \$50.00. I beg your forgiveness and look forward to being in business to continue to pay you on time.

Sincerely,


Jonathan Pastore

Attachment 10360 #PO0000063085
Thank you. The appropriate correction was made
on line 4.

- Jonathan Paton
(954) 415-7813