

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91904 029 \*\*\*158.75

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DOCUMENT # P00000065702

1. Entity Name

COMPLEX SIMPLICITY DESIGN CORP



Principal Place of Business

8314 S. E. PETTWAY  
HOBE SOUND FL 33475

Mailing Address

P.O. BOX 8373  
HOBE SOUND FL 33475

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4004 NW Goldenrod Road

Suite, Apt. #, etc.

302

City & State

Tensen Beach, FL

Zip

Country

Zip

34994

Country

Martin

4. FEI Number

59-0687423

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BENTON, CHARLES S  
932ND UNIT H6 2201 SE INDIAN ST  
STUART FL 34997

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HILL, JAMES  
STREET ADDRESS 10160 SE DIXIE HWY  
CITY-ST-ZIP HOBE SOUND FL 33475 ☐ Delete

TITLE CD  
NAME OVEEN, HOWARD  
STREET ADDRESS 8160 WASHINGTON ST.  
CITY-ST-ZIP HOBE SOUND FL 33475 ☒ Delete

TITLE VPT  
NAME BERRIAN, CHARLES T  
STREET ADDRESS 8314 SE PETTWAY  
CITY-ST-ZIP HOBE SOUND FL 33475 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CD  
NAME Queen, Howard  
STREET ADDRESS 8160 Washington St.  
CITY-ST-ZIP Hobe Sound FL 33475 ☒ Change ☐ Addition

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

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

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

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

(772) 692-2101  
Daytime Phone #

CPRE034 (10/02)