

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90152 034 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000102140			
1. Entity Name SIMPLY PUT!, INC.			
Principal Place of Business 9027 CAVATINA PLACE BOYNTON BEACH, FL 33437		Mailing Address 9027 CAVATINA PLACE BOYNTON BEACH, FL 33437	
2. Principal Place of Business		3. Mailing Address <i>975 LeGrace Circle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boynton Beach, FL</i>	
Zip	Country	Zip <i>33426</i>	Country <i>U.S.A.</i>
6. Name and Address of Current Registered Agent CURRAN, REBECCA A 975 LE GRACE CIRCLE BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL			
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		DATE	
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering)		DATE	
<p>FILE NOW!!! FEE IS \$100.00 After May 1, 2003 fee will be \$250.00 Amended UBR is \$87.25 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS MARTIN, JACQUELYN A 9027 CAVATINA PLACE BOYNTON BEACH, FL 33437	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DVT CURRAN, REBECCA A 975 LE GRACE CIRCLE BOYNTON BEACH, FL 33426	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Jacquelyn A. Martin</i>		Date: <i>9-10-03</i> 561/736-3621	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<i>Jacquelyn A. Martin</i>			

CR2E034 (10/02)

Attachment
P00000102140
80148068

September 10, 2003

Dear Sir or Madam:

Notice was not received of Uniform Business Report filing by company. Please accept this downloaded version of the report for filing, along with my company's check in the amount of \$150. Your assistance is appreciated.

Sincerely,

Jacquelyn A. Martin

Jacquelyn A. Martin
President, Simply Put!, Inc.