

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-12-2001 90033 035 ***150.00

DOCUMENT # P00000106517

1. Entity Name

SIMPLE RETURNS, INC.

Principal Place of Business

Mailing Address

10546 INDIAN WALK ROAD
 JACKSONVILLE FL 32257

10546 INDIAN WALK ROAD
 JACKSONVILLE FL 32257

32506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

59-3682116

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

SMITH HULSEY & BUSEY
225 WATER STREET SUITE 1800
JACKSONVILLE FL 32202

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHEN H. SMITH SR. ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEPHEN H. SMITH SR. 10546 INDIAN WALK RD JACKSONVILLE, FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WILLIAM CHAMPION 707 SELVA LAKES CIRCLE ATLANTIC BEACH, FL 32223 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DEBORAH N. SMITH 10546 INDIAN WALK RD JACKSONVILLE, FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DEBORAH N. SMITH 10546 INDIAN WALK RD JACKSONVILLE FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Stephen H. Smith SR.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN H. SMITH SR.

3/8/01
 Date

904-222-0085
 Daytime Phone #

CR2E034 (10/00)