2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

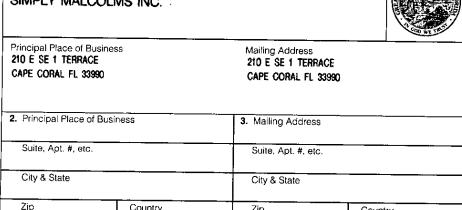
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Mar 11, 2003 8:00 am § Secretary of State 03-11-2003 90139 030 ***150.00

FILED

P01000015549 1. Entity Name SIMPLY MALCOLMS INC. .



Zip

|--|--|

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-1074627

DATE

Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

1AFT, DENISE J				
210 E SE 1 TERRACE CAPE CORAL FL 33990	Street Address (P.O. Box Number is Not Acceptable)			
				_
	City	FL	Zip Code	_
The above named entity submits this statement for the purpose of	changing its registered office or registered agent, as he	the facility Change of Fig. 11 1 1 1		

the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition TAFT, DENISE J NAME NAME 210 E SE 1 TERRACE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete_ TITLE. ____ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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 all plants and the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all plants like empowered.

SIGNATURE: