

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90523 016 ***150.00

DOCUMENT # P01000029598

1. Entity Name
ONE-M- AND SON, INC.



Principal Place of Business
~~6018 HWY. 98 NORTH~~
~~LAKE LAND FL 33809~~

Mailing Address
~~6018 HWY. 98 NORTH~~
~~LAKE LAND FL 33809~~

2. Principal Place of Business

228 S. LAKE SHORE WAY
Suite, Apt. #, etc.

3. Mailing Address

228 S. LAKE SHORE WAY
Suite, Apt. #, etc.

City & State

LAKE ALFRED FL.

City & State

LAKE ALFRED FL

Zip

33850

Country

Zip

33850

Country

4. FEI Number

59-3704421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMS, JOHN H
733 CARPENTERS WAY NO 26
LAKE LAND FL 33809

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

John Sims
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-03

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 PD ☐ Delete
NAME SIMS, JOHN H
STREET ADDRESS 733 CARPENTERS WAY NO. 26
CITY-ST-ZIP LAKE LAND FL 33809

TITLE D ☐ Delete
NAME SIMS, GLENN N SR.
STREET ADDRESS 575 S. CARPENTER AVE.
CITY-ST-ZIP BARTOW FL 33830

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 202 MEADOW VUE LN
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1160 S. FLORAL AVE
CITY-ST-ZIP BARTOW, FL 33830

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Sims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03

Date

863-956 8100

Daytime Phone #

CR2E034 (10/02)