


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

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90059 047 ***158.75

DOCUMENT # P01000053890 (2)

1. Entity Name
SIMPLY COMMUNICATIONS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4429 Hoffner Ave

3. Mailing Address
Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Same

4. FEI Number
593733627

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

Zip
32812

Country
Orange

Zip
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Thomas Bohn

Street Address (P.O. Box Number is Not Acceptable)
200 Saint Andrews Blvd. #908

City
Winter Park

FL 32792

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 Thomas Bohn THOMAS BOHN 6-3-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	President Thomas Bohn 200 Saint Andrews Blvd #908 Winter Park, FL 32792	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph H. Bohn 4429 Hoffner Ave Orlando, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ashley A. Day-Bohn 4429 Hoffner Ave Orlando, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Bohn, president 6-3-03 407-850-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)