

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90230 011 \*\*\*158.75

DOCUMENT # P01000071837

1. Entity Name  
SIMPLY SPLENDID INC.



Principal Place of Business  
2088 ILLINOIS AVE. NE  
ST. PETERSBURG FL 33703

Mailing Address  
2088 ILLINOIS AVE. NE  
ST. PETERSBURG FL 33703



2. Principal Place of Business  
1301 4th St N  
Suite, Apt. #, etc.

3. Mailing Address  
1301 4th St N  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
St. PETERSBURG, FL  
Zip  
33701  
Country  
USA

City & State  
St. PETERSBURG, FL  
Zip  
33701  
Country  
USA

4. FEI Number 59-3735829  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ENGEL, HARLOW E  
2088 ILLINOIS AVE. NE  
ST. PETERSBURG FL 33703

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1301 4th St N  
City St. PETERSBURG FL Zip Code 33701

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

*Harlow E Engel*

2/7/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PT	<input type="checkbox"/> Delete
NAME	ENGEL, HARLOW E	
STREET ADDRESS	2088 ILLINOIS AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ENGEL, ELIZABETH	
STREET ADDRESS	2088 ILLINOIS AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 4th St N	
STREET ADDRESS	St. PETERSBURG, FL 33701	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1301 4th St N	
STREET ADDRESS	St. PETERSBURG, FL 33701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Harlow E Engel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/03

CR2E034 (10/02)