



FILED
Feb 10, 2004 8:00 am
Secretary of State

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|---|---------|---------------------|---------|--|--|---|--|
| DOCUMENT # P02000046895 | | | |  | | Secretary of State 02-10-2004 90031 020 ***150.00 | |
| 1. Entity Name SIMCHEM CORP. | | | | | | | |
| Principal Place of Business 311 SARASOTA CENTER BLVD SARASOTA FL 34240 | | | | Mailing Address P. O. BOX 697 OSPREY FL 34229-0697 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | MOORE CR2E034 (11/03) | | | |
| City & State | | City & State | | 4. FEI Number 47-0864495 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent IDZI, MICHELLE 4358 SWIFT ROAD SARASOTA FL 34231 | | | | 7. Name and Address of New Registered Agent Name KAREN GREENE Street Address (P.O. Box Number is Not Acceptable) 6477 Draw Lane City Sarasota FL Zip Code 34238 | | | |
| 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 <i>Karen Greene</i> Karen Greene 1-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE P <input type="checkbox"/> Delete NAME SIMMONS, LOIS L STREET ADDRESS 139 YACHT HARBOR DRIVE CITY-ST-ZIP OSPREY FL 34229 | | | | TITLE Vice-president & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE S <input checked="" type="checkbox"/> Delete NAME IDZI, MICHELLE STREET ADDRESS 4358 SWIFT ROAD CITY-ST-ZIP SARASOTA FL 34231 | | | | TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John P. Simmons STREET ADDRESS 37917 Glengrove Drive CITY-ST-ZIP Farmington Hills, MI 48331 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| TITLE <input type="checkbox"/> Delete 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: <i>Lois L. Simmons</i> Lois L. Simmons | | | | 1-30-04 | | | |