

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

DOCUMENT # P02000058428

1. Entity Name

MIKE SIMPSON CONSULTING, INC.



FILED

04 AUG 30 AM 10:26

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
853 North Clayton Street

3. Mailing Address
The Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Mount Dora, Florida

City & State

4. FEI Number 010705179

Applied For
Not Applicable

Zip
32757

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 SW 22nd Street, 4th Floor

City Miami

FL

Zip Code
33145

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. *SPIEGEL & UTRERA, P.A.*

SIGNATURE *Natalia Utrera*

By: Natalia Utrera, Vice-President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
PSTD
MICHAEL SIMPSON
853 N Clayton St., Mount Dora, FL 32757

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200041098622
09/15/04-01032-023 **150.00

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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: *Michael Simpson* MICHAEL SIMPSON

Aug, 25, 2004

(352) 406-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

AFFIDAVIT IN SUPPORT OF
REQUEST TO WAIVE THE
FLORIDA DEPARTMENT OF STATE
CORPORATE ANNUAL REPORT LATE FEES

STATE OF FLORIDA)
)
COUNTY OF LAKE)

1. Michael Simpson is a President of MIKE SIMPSON CONSULTING, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation failed to file its 2004 Uniform Business Report or pay the 2004 Uniform Business Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 2.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
3. The Corporation requests the Florida Department of State waive the late fee for the Corporation upon the payment by the Corporation of its 2004 Uniform Business Report filing fee, which are presented simultaneously with this Affidavit.
4. MIKE SIMPSON CONSULTING, INC. satisfies the requirements of the Florida Statutes 607.0401.

Dated: 25th day of August, 2004

FURTHER, AFFIANT SAYETH NOT

MIKE SIMPSON CONSULTING, INC.

By: *Michael Simpson*
Michael Simpson, President
FDL# 8512-550-43429-0

SWORN AND SUBSCRIBED
before me this 25th day of August, 2004.



Sherry D. Howard
MY COMMISSION # DD053220 EXPIRES
November 4, 2005
BONDED THRU TROY FAIN INSURANCE, INC

Sherry D. Howard
Notary Public, State of Florida at Large
Printed Name: Sherry D. Howard
Commission Expires: 11-4-05