

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 037 ***150.00

DOCUMENT # P02000068256

1. Entity Name
SIMCO INVESTMENT HOLDINGS, INC.



Principal Place of Business
10020 REFLECTIONS BLVD.
APT. 407
SUNRISE FL 33351

Mailing Address
10020 REFLECTIONS BLVD.
APT. 407
SUNRISE FL 33351



2. Principal Place of Business
812 SW 16TH STREET

3. Mailing Address
812 SW 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
FT LAUDERDALE FL

City & State
FT LAUDERDALE FL

4. FEI Number
14-1839272

Applied For
Not Applicable

Zip
33315

Country
BROWARD

Zip
33315

Country
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMIGIEL, JOHN P
10533 WHEELHOUSE CIRCLE
BOCA RATON FL 33428

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SMIGIEL, JOHN P
10533 WHEELHOUSE CIRCLE
BOCA RATON FL 33428

☐ Delete

TITLE
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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 Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

954 547-3555
Daytime Phone #

CR2E034 (10/02)