

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91833 036 \*\*\*150.00

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

<b>DOCUMENT #</b> 202000111174
<b>1. Entity Name</b> SIMPLY STATED, INC.

**DO NOT WRITE IN THIS SPACE**

80130214

<b>2. Principal Place of Business</b> 1203 TOWN CENTER DR. Suite, Apt. #, etc. UNIT 106 City & State JUPITER, FL Zip 33408 Country USA	<b>3. Mailing Address</b> 1601 FORUM PLACE Suite, Apt. #, etc. SUITE 801 City & State WEST PALM BEACH, FL Zip 33401 Country USA
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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 48-1282773	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET City MIAMI BEACH FL Zip Code 33139	

**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

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
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**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PRESIDENT</b> <b>TAMI C. SKELLY</b> <b>206 BARBADOS DRIVE</b> <b>JUPITER, FL 33458</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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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:**

TAMI C. SKELLY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAMI C. SKELLY

4/30/03

Date

Daytime Phone #

650-0810