

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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90156 022 \*\*\*150.00

DOCUMENT # P02000124485

1. Entity Name

ANGI SIMPSON, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5483 37th AVE N

3. Mailing Address

5483 37th AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

4. FEI Number

74-3069260

Applied For

Not Applicable

Zip

33710

Country

PINELLAS

Zip

33710

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ARMANDO F. MIZIO

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

25400 U.S. 19 NORTH

SUITE 210

City

CLEAR WATER

FL

Zip Code

33763

**DO NOT WRITE  
IN THIS SPACE**

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

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  
ANGELA K. SIMPSON  
5483 37th AVE N  
ST PETERSBURG FL 33710

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-03

Date

727-504-2992

Daytime Phone #

CR2E034B (12/02)