

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90066 010 \*\*\*150.00

**DOCUMENT # P05000117812**

1. Entity Name  
**UNCLEBA, INC.**



Principal Place of Business  
**2260 FOUNTAIN LAKES BLVD  
227  
ESTERO, FL 33928**

Mailing Address  
**P. O. BOX 2146  
BONITA SPRINGS, FL 34133**

**40024267**



2. Principal Place of Business - No P.O. Box #  
**8277 SW 128th St.**

3. Mailing Address  
**8277 SW 128th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apt # 205**

**Apt # 205**

City, State

City, State

**Miami, FL**

**Miami, FL**

Zip

Zip

**33156**

**33156**

Country

Country

01092007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-3419618**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HL STATUTORY AGENT, INC.  
3301 BONITA BEACH ROAD  
SUITE 308  
BONITA SPRINGS, FL 34134**

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PDST** ☐ Delete  
NAME **SIMPSON, BARRY**  
STREET ADDRESS **22260 FOUNTAIN LAKES BLVD., APT 227**  
CITY-STATE-ZIP **ESTERO, FL 33928**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ Change ☐ Addition  
NAME **Simpson, Barry**  
STREET ADDRESS **8277 SW 128th St. Apt. 205**  
CITY-STATE-ZIP **Miami, FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**Barry Simpson - President 1/28/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #