

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2001 8:00 am
Secretary of State

04-26-2001 90209 043 ***150.00

DOCUMENT # P93000013864

1. Entity Name

THE SIMPKINS CO., INC.

Principal Place of Business

Mailing Address

3165 ST JOHNS BLUFF RD S
 #5
 JACKSONVILLE FL 32246
 US

3165 ST JOHNS BLUFF RD S
 #5
 JACKSONVILLE FL 32246
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 8378

City & State

City & State

JAX, FL

Zip

Country

Zip

Country

32239

4. FEI Number

59-3175032

Applied For

No: Applicable

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

SIMPKINS, WILLIAM J
3165 ST JOHNS BLUFF RD S
STE #5
JACKSONVILLE FL 32246

Name

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

City

State

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.

SIGNATURE

William J. Simpkins

(NOTE: Registered Agent signature required when re-registering)

5/12/01

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	SIMPKINS, WILLIAM J	
STREET ADDRESS	2651 CONGAREE DR W	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VP	☐ Delete
NAME	SIMPKINS, ELIZABETH	
STREET ADDRESS	2651 CONGAREE DR W	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other I file empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylong Printing

CR2E034 (10/00)

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DO NOT WRITE IN THIS SPACE