

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90025 032 ***150.00

DOCUMENT # P93000062807

1. Entity Name

SIMSOL INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

2732 EDGEWATER DR
NICEVILLE FL 325782732 EDGEWATER DR
NICEVILLE FL 32578-9735
US**714219**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 HWY 20 EAST

3. Mailing Address

4400 HWY 20 EAST

Suite, Apt. #, etc.

408

Suite, Apt. #, etc.

408

City & State

NICEVILLE, FL

City & State

NICEVILLE, FL

4. FEI Number

65-0387021

Applied For

Not Applicable

Zip

32578

Country

OKLAHOMA

Zip

32578

Country

OKLAHOMA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, DONALD L
2732 EDGEWATER DR
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

Name

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

4400 HWY 20 EAST**SUITE 408**

City

NICEVILLE**FL**

Zip Code

32578

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/20009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTAVA, JOHN A		NAME	
STREET ADDRESS	1017 MERIEN CT		STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		CITY-ST-ZIP	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONALD L		NAME	
STREET ADDRESS	2732 EDGEWATER DR		STREET ADDRESS	1317 WINDWARD CIRCLE
CITY-ST-ZIP	NICEVILLE FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, JOHN R.		NAME	
STREET ADDRESS	14612 N 47TH STREET		STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-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 like empowered.

SIGNATURE:

DONALD ROBERTS**2/14/2000****(50-729-9232)**

CR2E034 (9/99)