

FILED  
Mar 04, 2003 8:00 am  
Secretary of State

03-04-2003 90076 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000062807

1. Entity Name  
**SIMSOL INSURANCE SERVICES, INC.**



Principal Place of Business  
4400 HWY 20 EAST  
STE 408  
NICEVILLE, FL 32578 US

Mailing Address  
4400 HWY 20 EAST  
STE 408  
NICEVILLE, FL 32578 US

2. Principal Place of Business  
**1845 E JOHN SIMS PKWY**

3. Mailing Address  
**1845 E JOHN SIMS PKWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NICEVILLE, FL**

City & State  
**NICEVILLE, FL**

4. FEI Number  
**65-0387021**

Applied For  
☐ Not Applicable

Zip  
**32578**

Country  
**US**

Zip  
**32578**

Country  
**US**

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

ROBERTS, DONALD L  
4400 HWY 20 EAST, STE 408  
NICEVILLE, FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1845 E JOHN SIMS PKWY**

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. 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)

2/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

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  
**P POSTAVA, JOHN A**  
**1017 MERIEN CT**  
**OVIEDO, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TS ROBERTS, DONALD L**  
**1317 WINDWARD CIRCLE**  
**NICEVILLE, FL 32578**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V MORITZ, JOHN R.**  
**14612 N 47TH STREET**  
**PHOENIX, AZ**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD L ROBERTS**

2/28/03

Date

850-729-9232

Daytime Phone #

CR2E034 (10/02)