

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027550

1. Entity Name

SIMS BUILDERS, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90092 045 ***150.00

Principal Place of Business

670 ISLAND WAY
SUITE #600
CLEARWATER FL 33767
US

Mailing Address

670 ISLAND WAY
SUITE #600
CLEARWATER FL 33767
US

00006256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 WINDWARD PASSAGE
Suite, Apt. #, etc.

3. Mailing Address

350 WINDWARD PASSAGE
Suite, Apt. #, etc.

City & State

CLEARWATER, FL
33767

City & State

CLEARWATER, FL
33767

4. FEI Number 59-3236170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMS, LARRY
670 ISLAND WAY
SUITE #600
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

350 WINDWARD PASSAGE

City

CLEARWATER FL 33767

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

Larry E. Sims

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, LARRY	
STREET ADDRESS	670 ISLAND WAY #600	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry E. Sims

Date

Daytime Phone #

1/6/01 727.443-4499

CR2E034 (10/00)

0371269