

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020336

1. Entity Name

SIMPLICITY MORTGAGE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90007 007 ***150.00

Principal Place of Business

1213 TRUMAN AVE
 KEY WEST FL 33040

Mailing Address

1213 TRUMAN AVE
 KEY WEST FL 33040-7248

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, ERIC
 209 DUVAL STREET
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

Jessica Clark

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

1213 Truman Ave

City

Key West

FL

Zip Code

33040

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 Jessica Clark Jessica Clark President

(NOTE: Registered Agent signature required when reinstating)

4-26-00
 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, 2000 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 PT ☒ Delete
 NAME HIRSCH, NEAL E
 STREET ADDRESS 1213 TRUMAN AVE
 CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Change ☒ Addition
 NAME Jessica Clark
 STREET ADDRESS 1213 Truman Ave
 CITY-ST-ZIP Key West, FL 33040

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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)(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: Jessica Clark Jessica Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
 Date

(305) 296-826
 Daytime Phone #

CR2E034 (9/99)