

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90221 010 ***150.00

DOCUMENT # P96000051873

1. Entity Name
STEVEN R. SIMS, P.A.



Principal Place of Business
9964 PUPOLO LANE
BONITA SPRINGS FL 34135
US

Mailing Address
P O BOX 188
BONITA SPRINGS FL 34133
US



2. Principal Place of Business

9949 Puopolo Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 188
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Bonita Springs, FL

City & State

Bonita Springs FL

4. FEI Number 65-0675805

Applied For
Not Applicable

Zip 34135

Country USA

Zip 34133

Country USA

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

6. Name and Address of Current Registered Agent

SIMS, STEVEN R
9964 PUPOLO LANE
BONITA SPRINGS FL 33923

7. Name and Address of New Registered Agent

Name Steven R Sims

Street Address (P.O. Box Number is Not Acceptable)
9949 Puopolo Lane

City Bonita Springs, FL Zip Code 34135

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 *Steven R Sims*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2/20/03

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 D
NAME SIMS, STEVEN R
STREET ADDRESS 9964 PUPOLO LANE
CITY-ST-ZIP BONITA SPRINGS FL 33923

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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: *Steven R Sims*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/20/03 229-572-2339

Daytime Phone #

CR2E034 (10/02)