

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 005 ***150.00

DOCUMENT # **P96000055975** *N/C AM*

1. Entity Name

SIMPSON TRAINING CENTER, INC.

Southern Oaks Training Center

Principal Place of Business

~~P.O. BOX 1059~~

~~HANOVER PA 17031-7059~~

Mailing Address

~~P.O. BOX 1059~~

~~HANOVER PA 17031-7059~~

2. Principal Place of Business

PO Box 56

Suite, Apt. #, etc.

3. Mailing Address

PO Box 56

Suite, Apt. #, etc.

City & State

PLATO, MN

Zip

55370

Country

USA

City & State

PLATO, MN

Zip

55370

Country

USA

4. FEI Number

58-2256816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, GEORGIA C

25750 S.R. 46A

SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name *MARLYS PINSKE*

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

25800 CR 46 A

City *Sorrento*

FL

Zip Code

32776

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

Marly Pinske

MARLYS PINSKE, Sec'y - Treas

4/30/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **VS** ☒ Delete
NAME **SIMPSON, JAMES W**
STREET ADDRESS **51 HIGH ROCK RD**
CITY-ST-ZIP **HANOVER PA 17331**

TITLE **P** ☒ Delete
NAME **SIMPSON, GEORGIA C**
STREET ADDRESS **51 HIGH ROCK RD**
CITY-ST-ZIP **HANOVER PA 17331**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Timothy PINSKE**
STREET ADDRESS **2601 120th ST**
CITY-ST-ZIP **PLATO, MN 55370**

TITLE ☐ Change ☒ Addition
NAME **Brian PINSKE**
STREET ADDRESS **2316 Chasewood**
CITY-ST-ZIP **Downers Grove, IL 60515**

TITLE ☐ Change ☒ Addition
NAME **KARL PINSKE**
STREET ADDRESS **225 Second AVE NE**
CITY-ST-ZIP **PLATO, MN 55370**

TITLE ☐ Change ☒ Addition
NAME **MARLYS PINSKE**
STREET ADDRESS **2601 120th ST**
CITY-ST-ZIP **PLATO, MN 55370**

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

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:

Marly Pinske **MARLYS PINSKE** *4/30/02* *320 238 2193*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)