2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: P

FILED Apr 09, 2001 8:00 am Secretary of State DOCUMENT # **P96000068007** SIMPLE YET ELEGANT, INC. 04-09-2001 90014 008 ***150.00 Principal Place of Business Mailing Address 301 CIRCLE EAST 301 CIRCLE EAST 740740 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 594 15594 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0700908 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMMONS, MARILYN Street Address (P.O. Box Number is Not Acceptable) 301 CIRCLE EAST JUPITER FL 33458 Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE SIMMONS, MARILYN NAME STREET ADDRESS 301 CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.