

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90120 011 ***150.00

DOCUMENT # P97000024166

1. Entity Name

SIMPLE OFFICE SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2858 REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

2858 REMINGTON GREEN CIR.
TALLAHASSEE FL 32308-3755
US

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 **59-3432893**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HEAD, TERRI S
1587 COPPERFIELD CIR.
TALLAHASSEE FL 32312

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change ☐ Addition

TITLE **P**
NAME **HEAD, TERRI S**
STREET ADDRESS **1587 COPPERFIELD CIR**
CITY-ST-ZIP **TALLA FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE **VP**
NAME **SMITH, JANICE H**
STREET ADDRESS **364 REMINGTON RUNWAY**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Terri S Head **Terri S Head**

3-21-00

850-422-7555

CR2E034 (9/99)