

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90038 030 ***158.75

DOCUMENT # P97000033133

1. Entity Name

SimWright Inc.



40000166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9344 Navarre Parkway

3. Mailing Address

PO Box 5370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Navarre, FL

City & State
Navarre, FL

4. FEI Number
59-3441803

Applied For
Not Applicable

Zip
32566

Country
USA

Zip
32566

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kerry Christopher

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

7399 Austin Dr.

City
Milton

FL Zip Code
32583

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY- ST- ZIP
P	Kerry Christopher	7399 Austin Dr.	Milton, FL 32583
V	Norman D. Matthews	9370 Chelmsford Ct.	Navarre, FL 32566
V	John Matthews	3915 Bristol Hwy	Quincy FL 32351

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

Date

850.939.8707

Daytime Phone #

CR2E034B (12/02)