

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0072210 AV

DOCUMENT # P97000060829

1. Entity Name  
SOUTHSIDE SIMPLIFIED INC.



FILED

03 JUL 18 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
1332 CITRUS ISLE  
FORT LAUDERDALE FL 33315

Mailing Address  
1332 CITRUS ISLE  
FORT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0775355

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNATZ, WALTER  
1332 CITRUS ISLE  
FT. LAUDERDALE FL 33315

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE AST Walter W Karnatz DATE 7-15-03  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME KARNATZ, WALTER W ☐ Delete  
STREET ADDRESS 1332 CITRUS ISLE  
CITY-ST-ZIP FTL FL 33315

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600021764066  
CITY-ST-ZIP 07/24/03--01030--018 \*\*550.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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NAME  
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: Walter W Karnatz DATE 7-15-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (4/03)