

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90136 021 ***158.75

DOCUMENT # P97000061025

1. Entity Name
SIMPLICITY CAPITAL CORPORATION



Principal Place of Business

**8046 PRESIDENTS DR
ORLANDO FL 32809**

Mailing Address

**8046 PRESIDENTS DR
ORLANDO FL 32809**

2. Principal Place of Business

2142 Chippewa Trail

Suite, Apt. #, etc.

3. Mailing Address

2142 Chippewa Trail

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Maitland, FL

4. FEI Number

59-3451432

Applied For

Not Applicable

Zip

Country

32751

Zip

Country

32751

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIPAOLLO, DEAN
8046 PRESIDENTS DR
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
DIPAOLLO, DEAN
2142 CHIPPEWA TRAIL
MAITLAND FL 32751**

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED Dean DiPaolo, President 2-6-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)