


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

0524587 AV

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         |                                                                                                                     |                                                                   |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|---------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>DOCUMENT #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>P97000104675</b>            |         |                                    |                                                                   | <b>Secretary of State</b><br>04-14-2003 90341 002 ***150.00 |  |
| 1. Entity Name<br><b>SIMPLY YC, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                |         |                                                                                                                     |                                                                   |                                                             |  |
| Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | Mailing Address                |         |                                                                                                                     |                                                                   |                                                             |  |
| <b>2621 ESTERO BLVD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <b>2621 ESTERO BLVD</b>        |         |                                                                                                                     |                                                                   |                                                             |  |
| <b>FT MYERS BEACH FL 33931</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | <b>FT MYERS BEACH FL 33931</b> |         |                                                                                                                     |                                                                   |                                                             |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 3. Mailing Address             |         |                                                                                                                     |                                                                   |                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | Suite, Apt. #, etc.            |         |                                                                                                                     |                                                                   |                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | City & State                   |         | 4. FEI Number                                                                                                       |                                                                   | Applied For                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         | <b>65-0817953</b>                                                                                                   |                                                                   | Not Applicable                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                            | Country | 5. Certificate of Status Desired                                                                                    |                                                                   | <input type="checkbox"/> \$8.75 Additional Fee Required     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         |                                                                                                                     |                                                                   |                                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         | 7. Name and Address of New Registered Agent                                                                         |                                                                   |                                                             |  |
| <b>COLEMAN, YVONNE E</b><br><b>15930 BAYSIDE POINTE WEST #706</b><br><b>FT MYERS FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                |         | Name                                                                                                                |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         | Street Address (P.O. Box Number is Not Acceptable)                                                                  |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         |                                                                                                                     |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         | City                                                                                                                |                                                                   | <b>FL</b>                                                   |  |
| 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.<br><br>SIGNATURE _____ DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                    |                                 |                                |         |                                                                                                                     |                                                                   |                                                             |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                   |                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PVST                            |                                |         | TITLE                                                                                                               |                                                                   |                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COLEMAN, YVONNE                 |                                |         | NAME                                                                                                                |                                                                   |                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15930 BAYSIDE POINTE W #706     |                                |         | STREET ADDRESS                                                                                                      |                                                                   |                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FT MYERS FL 33908               |                                |         | CITY-ST-ZIP                                                                                                         |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                |         |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                |         | TITLE                                                                                                               |                                                                   |                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                |         | NAME                                                                                                                |                                                                   |                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                |         | STREET ADDRESS                                                                                                      |                                                                   |                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                |         | CITY-ST-ZIP                                                                                                         |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                |         |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                |         | TITLE                                                                                                               |                                                                   |                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                |         | NAME                                                                                                                |                                                                   |                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                |         | STREET ADDRESS                                                                                                      |                                                                   |                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                |         | CITY-ST-ZIP                                                                                                         |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                |         |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                |         | TITLE                                                                                                               |                                                                   |                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                |         | NAME                                                                                                                |                                                                   |                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                |         | STREET ADDRESS                                                                                                      |                                                                   |                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                |         | CITY-ST-ZIP                                                                                                         |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                |         |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                             |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                |         | TITLE                                                                                                               |                                                                   |                                                             |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                |         | NAME                                                                                                                |                                                                   |                                                             |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                |         | STREET ADDRESS                                                                                                      |                                                                   |                                                             |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                |         | CITY-ST-ZIP                                                                                                         |                                                                   |                                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                |         |                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                             |  |
| 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: <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                |         | Date: <b>4/11/03</b>                                                                                                |                                                                   |                                                             |  |
| PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>Yvonne Coleman</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                |         | Daytime Phone #: <b>(239) 463-2800</b>                                                                              |                                                                   |                                                             |  |