

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

06-23-2002 90504 008 ***150.00

DOCUMENT # P98000060562

1. Entity Name

SIMS SIGNATURE PAINTING, INC.

Principal Place of Business

**8680 BURNING TREE CIR
 LARGO FL 33777**

Mailing Address

**8680 BURNING TREE CIR
 LARGO FL 33777**

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

59-3323040

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

SIMS, GREGORY V

8680 BURNING TREE CIR

LARGO FL 33777

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.

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, 2002 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

TITLE **PT** ☐ Delete
 NAME **SIMS, GREGORY V**
 STREET ADDRESS **8680 BURNING TREE CIR**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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 empowerments.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/18/02

Date

Daytime Phone #

CR2E034 (9/01)

6/10/02

Attachment

~~P980000~~ 60562

TO: Division of Corporations. 118294

MAILED in First time, no check

HAD a change of Address, new address

935 16th Ave N. ST. PETERSBURG FL 33704

You returned letter AND neighbor

took mail. lost by accident gave

to me 6/9/02, I called you

man told me to send back

check & letter about what happened.

I'm sorry

my neighbor is really sorry!

Any questions

please call

Day time 727-432-5426

727-517-9253

Home 822-4108

Thanks Gary Sims