

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093821

1. Entity Name

SIMES & ROSCH, P.A.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90019 026 ***158.75

Principal Place of Business

Mailing Address

~~C/O DAVID A. KING, ESQ.~~
~~1416 KINGSLEY AVE.~~
~~ORANGE PARK FL 32073~~

~~C/O DAVID A. KING, ESQ.~~
~~1416 KINGSLEY AVE.~~
~~ORANGE PARK FL 32073-4509~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3015 Hartley Road

3015 Hartley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 18

Suite 18

City & State

City & State

Jacksonville, FL

Jacksonville, FL

4. FEI Number

59-3541165

Applied For

Not Applicable

Zip

Country

Zip

Country

32257

US

32257

US

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

SIMES, DAVID W
2424 STONEBRIDGE DR.
ORANGE PARK FL 32065

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSCH, SCOTT E	
STREET ADDRESS	11401 LOWNESBORO DR.	
CITY - ST - ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMES, DAVID W	
STREET ADDRESS	2424 STONEBRIDGE DR.	
CITY - ST - ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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)(l), 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

David W. Simes, DAVID W. Simes, Mar, 15, 2000, (904) 260-3031