

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 029 \*\*\*150.00

**DOCUMENT # P990000004987**

1. Entity Name  
**SIMPLE PC SOLUTIONS, INC.**

**925722**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>600 W. OAKRIDGE RD. #1-A ORLANDO FL 32809</b>	Mailing Address <b>2354 BLANDA ST ORLANDO FL 32839</b>
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2. Principal Place of Business <b>600 W OAKRIDGE RD</b>	3. Mailing Address
Suite, Apt. #, etc. <b># 1-E</b>	Suite, Apt. #, etc.

City & State <b>Orlando FL</b>	City & State <b>FL</b>
Zip <b>32839</b>	Country <b>ORANGE</b>
Country <b>ORANGE</b>	Zip <b>32809</b>
Country	Country

4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ARIZA, JUAN**  
**2354 BLANDA STREET**  
**ORLANDO FL 32839**

7. Name and Address of New Registered Agent

Name  
**ARIZA JUAN E**

Street Address (P.O. Box Number is Not Acceptable)  
**600 W OAKRIDGE RD # 1-E**

City  
**Orlando**

State  
**FL**

Zip Code  
**32839**

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 **JUAN E ARIZA** **02-01-01**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ARIZA, JUAN</b>	
STREET ADDRESS <b>600 W. OAKRIDGE RD. #1-A</b>	
CITY-ST-ZIP <b>ORLANDO FL 32809</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>COMPUTER CONSULTING &amp; WEB DESIGN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JUAN E ARIZA II</b>	
STREET ADDRESS <b>600 W OAKRIDGE RD # 1-E</b>	
CITY-ST-ZIP <b>Orlando FL</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 empowered.

SIGNATURE: **JUAN E ARIZA** **2/1/01** **907-616-8384** **407-251-7622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (10/00)