

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078682

1. Entry Name

SIMS DEVELOPMENT GROUP, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90021 026 ***150.00

Principal Place of Business 2001 OAKWOOD KNOLL CT. VALRICO FL 33594	Mailing Address PO BOX 2522 VALRICO FL 33595-2522
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2707 E. GRAND RESERVE Suite, Apt. #, etc. 1418	3. Mailing Address P.O. BOX 2522 Suite, Apt. #, etc.
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City & State CLEARWATER, FL.	City & State VALRICO, FL.	4. FEI Number 65-0964685	Applied For <input type="checkbox"/> Not Applicable
Zip 33759	Country USA	Zip 33595	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCANNALLY, WILLIAM H IV
 420 W BRANDON BLVD
 STE 202
 BRANDON FL 33511

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

SIGNATURE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMADEN, WALTER D' 2001 OAKWOOD KNOLL CT. VALRICO FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMS, RONALD L 2707 E GRAND RESERVE CIR CLEARWATER FL 33759 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 titles acknowledged.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR 3/16/00 727-726-4197
Date Da. time Phone #