2000 UNIFORM BUSINESS REPORT (ÚBR) DOCUMENT # P99000092645 SIMMYBRO, INC. Principal Place of Business Mailing Address *** BIGGIN CHURCH RD. W. 3796 BIGGIN CHURCH RD. W. MACKSOMMILLE FL 32224 JACKSONVILLE FL 32224-7957 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIMCOX, ROBERT C

SIGNATURE

TITLE

NAME

TITLE

NAME STREET ADDRESS

MANAF

IIILE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

CHY-ST-712

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-71P

CITY-ST-ZIP

CITY-ST-ZIP

3796 BIGGIN CHURCH RD. W. JACKSONVILLE FL 32224

This corporation is eligible to satisfy its Intangible

SIMCOX, ROBERT C

3796 BIGGIN CHURCH RD. W.

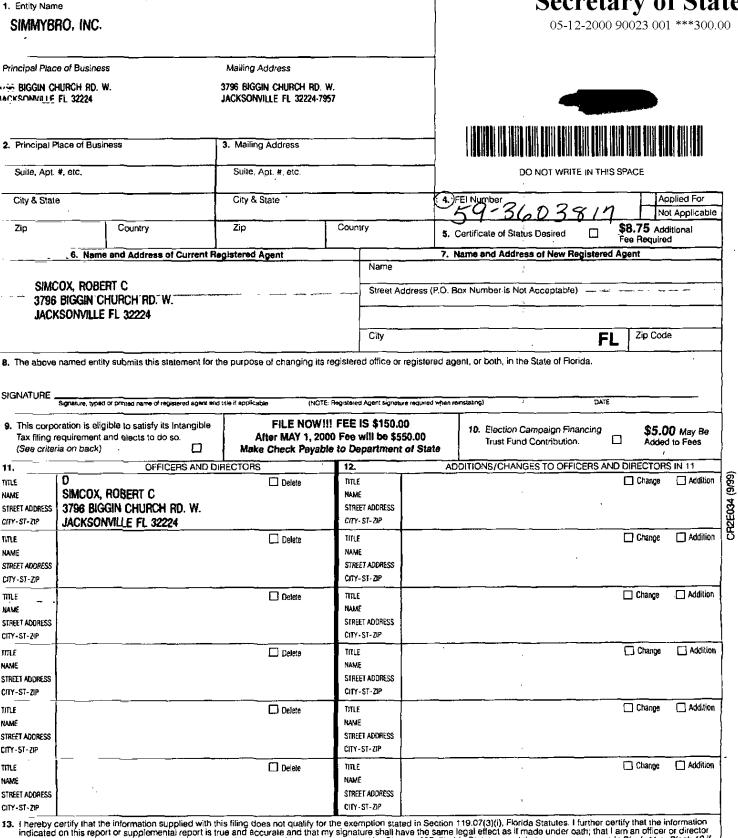
JACKSONVILLE FL 32224

Tax filing requirement and elects to do so.

(See criteria on back)

5/12/

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



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 eath; 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.

CITY-ST-7/P

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

NAME

TITLE

NAME

ПΠЕ NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

Delete

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OFFICER OR DIRECTOR

Date

Daytime Phone #