

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

✓15729

1. Entity Name

SIMPSON MANAGEMENT, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90109 019 \*\*\*150.00

Principal Place of Business

2ND FLOOR

Mailing Address

2ND FLOOR

1061 RIVERSIDE AVE

1061 RIVERSIDE AVE

JACKSONVILLE, FL 32204

JACKSONVILLE, FL 32204

00058382

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

59-3122580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BRYAN SIMPSON, JR.  
1061 RIVERSIDE AVE, 2ND FLOOR  
JACKSONVILLE, FL 32204

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: PRES. SEC. & TREASURER  
NAME: BRYAN SIMPSON, JR.  
STREET ADDRESS: 1061 RIVERSIDE AVE., 2ND FLOOR  
CITY-ST-ZIP: JACKSONVILLE, FL. 32204

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRYAN SIMPSON, JR. 5/16/00 904-596-2171

CR2E034 (9/99)