

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20640

1. Entity Name

BILL SIMPSON & ASSOCIATES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90124 028 ***158.75

Principal Place of Business

Mailing Address

9000 REGENCY SQUARE BLV
G1
JACKSONVILLE FL 32211
US

9000 REGENCY SQUARE BLD
G1
JACKSONVILLE FL 32211-8115
US

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

59-3112182

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, WILLIAM A. JR.
10 CENTURY 21 DR
STE 11
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name
Simpson, William A. Jr.

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

9000 Regency Square Blvd.-Suite G-1

City
Jacksonville,

FL

Zip Code
32211

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

William A. Simpson

02-07-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, WILLIAM A. JR	
STREET ADDRESS	10 CENTURY 21 DR STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, CAROL M.	
STREET ADDRESS	10 CENTURY 21 DR STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simpson, William A. Jr.
STREET ADDRESS	9000 Regency Square Blvd.-Suite G1
CITY-ST-ZIP	Jacksonville, Florida 32211
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simpson, Carol M.
STREET ADDRESS	9000 Regency Square Blvd.-Suite G1
CITY-ST-ZIP	Jacksonville, Florida 32211
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	
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 another like empowered.

SIGNATURE:

William A. Simpson
WILLIAM A. SIMPSON, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-00

Date

(904) 725-5886

Daytime Phone #

CR2E034 (9/99)