

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2001 8:00 am**  
**Secretary of State**

01-08-2001 90027 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # V20640</b>			
1. Entity Name <b>BILL SIMPSON &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>9000 REGENCY SQUARE BLV G1 JACKSONVILLE FL 32211 US</b>		Mailing Address <b>9000 REGENCY SQUARE BLD G1 JACKSONVILLE FL 32211 US</b>	
2. Principal Place of Business <b>13500 Sutton Park Drive Suite, Apt. #, etc. Suite 304</b>		3. Mailing Address <b>13500 Sutton Park Drive Suite, Apt. #, etc. Suite 304</b>	
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>	
Zip <b>32224</b>	Country <b>US</b>	Zip <b>32224</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>SIMPSON, WILLIAM A. JR. 9000 REGENCY SQUARE BLVD STE G-1 JACKSONVILLE FL 32211</b>		4. FEI Number <b>59-3112182</b> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required	
7. Name and Address of New Registered Agent Name <b>Simpson, William A. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13500 Sutton Park Drive</b> Suite 304 City <b>Jacksonville,</b> <b>FL</b> Zip Code <b>32224</b>			
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 <u><i>William A. Simpson</i></u> 01-02-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<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</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMPSON, WILLIAM A. JR</b> <b>9000 REGENCY SQUARE BLVD- STE G-1</b> <b>JACKSONVILLE FL 32211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Simpson, William A. Jr</b> <b>13500 Sutton Park Dr-Suite 304</b> <b>Jacksonville, Florida 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIMPSON, CAROL M.</b> <b>9000 REGENCY SQUARE BLVD- STE G-1</b> <b>JACKSONVILLE FL 32211</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Simpson, Carol M.</b> <b>13500 Sutton Park Drive-Suite 304</b> <b>Jacksonville, Florida 32224</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 like empowered.			
SIGNATURE: <u><i>William A. Simpson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-02-01 (904) 992-1133 <small>Date Daytime Phone #</small>	

CR2E034 (10/00)