

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91216 032 ***150.00

DOCUMENT # V21928

1. Entity Name
SIMBA INTERNATIONAL, INC.



Principal Place of Business
3590 N HWY 1792
STE 109
LAKE MARY FL 32746
US

Mailing Address
3041 EGRETS LANDING DR
LAKE MARY FL 32746
US

2. Principal Place of Business
3590 N HWY 1792

3. Mailing Address

Suite, Apt. #, etc.
STE 1026

Suite, Apt. #, etc.

City & State
LAKE MARY FL 32746

City & State

Zip
32746

Country
USA

Zip

Country

4. FEI Number
59-3119517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROBERTS, SHIRLEY
726 FOREST GREEN CT
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name **ROBERTS, SHIRLEY**
Street Address (P.O. Box Number is Not Acceptable)
3041 EGRETS LANDING DR
City **LAKE MARY** FL **32746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shirley Roberts* **SHIRLEY ROBERTS** **4/18/03**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, SHIRLEY 3041 EGRETS LANDING DR LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, PHILLIP 3041 EGRETS LANDING DR LAKE MARY FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Roberts* **SHIRLEY ROBERTS** **4/18/03** **4073208100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)