2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90064 047 ***150.00

DOCUMENT # G70742

1. Entity Name
DIANA L. SIMMONS, PA

Principal Place of Business	Mailing Address
800 NORTH OLIVE AVENUE W. PALM BEACH FL 33401	800 NORTH OLIVE AVENUE W. PALM BEACH FL 33401-3710

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	10291 HERONWOOD LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: W. PALM BEACH, FL
Zip / Country	Zip: 33412 / Country: US

4. FEI Number 59-2345531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRONZO, DIANA L. SIMMO
800 N OLIVE AVE
W. PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: DIANA L. SIMMONS TRONZO
Street Address (P.O. Box Number is Not Acceptable): 10291 HERONWOOD LN
City: W. PALM BEACH FL Zip Code: 33412

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] DATE 1/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST TRONZO, DIANA L. SIMMO 800 N. OLIVE AVE. W. PALM BCH. FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10291 HERONWOOD LN W. PALM BEACH, FL 33412
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Date: 1/10/00 Daytime Phone #: 561-630-7887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)