## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 05, 2000 8:00 am Secretary of State DOCUMENT # **P98000073645** SIMMONS & SARAY INTERIORS GROUP, INC. 04-05-2000 90062 043 \*\*\*150.00 Principal Place of Business Mailing Address 4152 W BLUE HERON BLVD 4152 W BLUE HERON BLVD STE 112 STE 112 RIVIERA BEACH FL 33404-4858 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0859205 Not Applicable Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMMONS, LAUREN R Street Address (P.O. Box Number is Not Acceptable) 4152 W BLUE HERON BLVD SUITE 106 **RIVIERA BEACH FL 33404** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSV** Change Addition ☐ Delete TITLE TITLE SIMMONS, LAUREN R NAME NAME STREET ADDRESS 4152 W BLUE HERON BLVD STE 106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** Change Addition ☐ Delete TITLE SIMMONS, LAUREN R NAME NAME 4152 W BLUE HERON BLVD STE 106 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **RIVIERA BEACH FL 33404** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

3. 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

A SIGNATURED OF SIGNIFICATION OF SIGNIFI

3/3/00

863-3385

Daytime Phone #