FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P\8000073645 SIMMONS & SARAY INTERIORS GROUP, INC. 04-20-2001 90008 003 ***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 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0859205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 City 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. 4-16-01 signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change Addition TITLE SIMMONS, LAUREN R NAME NAME STREET ADDRESS STREET ADDRESS 4152 W BLUE HERON BLVD STE 106 CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** TITLE ☐ Change Addition ☐ Defete TITLE SIMMONS, LAUREN R NAME NAME STREET ADDRESS STREET ADDRESS 4152 W BLUE HERON BLVD STE 106 CITY-ST-ZIP CITY-ST-ZIP **RIVIERA BEACH FL 33404** TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition Change NAME NAME STREET ADDRESS 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