2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

h address, with all other like empowered.

FILED DOCUMENT # 332899 May 02, 2000 8:00 am 1. Entity Name Secretary of State R.R. SIMMONS CONSTRUCTION CORPORATION 05-02-2000 90155 014 ***158.75 Mailing Address Principal Place of Business 3801 SUGAR PALM DR. 3801 SUGAR PALM DR. TAMPA FL 33619-8301 TAMPA FL 33619 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1221161 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMONS, R RANDOLPH III Street Address (P.O. Box Number is Not Acceptable) 3801 SUGAR PALM DRIVE **TAMPA FL 33619** Zip Code 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** Mav 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 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE Zevallos, CESAR A... 18027 Kings PARK DRIVE TAMPA, ISL. 33647 SIMMONS, R RANDOLPH III NAME STREET ADDRESS 927 N RIVERHILLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL **Addition** ☐ Change TITLE TITLE SIMMONS, ANN G Webstee, MALINDA NAME NAME 214 N GLEN ARVEN STREET ADDRESS STREET ADDRESS 13015 St. FILAGREE CITY-ST-ZIP TEMPLE TERRACE FL CITY-ST-ZIP RIVERVIEW, FL 133569 ☐ Change Addition ☐ Delete TITLE TITLE SMITH, DARRELL L NAME NAME STREET ADDRESS STREET ADDRESS 2720 BELL SHOALS ROAD CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP Change Addition DPST ☐ Delete TITLE TITLE SIMMONS, LINDA O. NAME STREET ADDRESS 927 N RIVERHILLS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL Change Addition Delete TITLE SIMMONS, ROBERT R NAME NAME 214 N GLEN ARVEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERRACE FL ☐ Change Addition ☐ Delete TITLE TITLE LANGER, LINDA W NAME NAME STREET ADDRESS STREET ADDRESS 4141 BAYSHORE BLVD., #302 CITY-ST-ZIP **TAMPA FL 33611** 13. Thereby 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if