

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613098

1. Entity Name

ADVERTISING BY SIMMONS & SIMMONS, INC.

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90007 046 \*\*\*150.00

Principal Place of Business      Mailing Address  
 1820 SW 7TH AVE      1820 SW 7TH AVE  
 POMPANO BCH. FL 33060      POMPANO BCH. FL 33060-9028

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-1885360      Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, APRIL  
 1820 S.W. 7TH AVE  
 POMPANO BCH. FL 33060

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      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      (NOTE: Registered Agent signature required when reinstating)      DATE

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      PD      ☐ Delete  
 NAME      SIMMONS, APRIL JAFFE  
 STREET ADDRESS      1820 S.W. 7TH AVE  
 CITY-ST-ZIP      POMPANO BEACH FL

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      STD      ☐ Delete  
 NAME      SIMMONS, WILLIAM R.  
 STREET ADDRESS      1820 S.W. 7TH AVE  
 CITY-ST-ZIP      POMPANO BEACH FL

TITLE      ☐ Change      ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE      ☐ Change      ☐ Addition  
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 STREET ADDRESS  
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TITLE      ☐ Delete  
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TITLE      ☐ Change      ☐ Addition  
 NAME  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*April Simmons*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 APRIL SIMMONS V.P.

4-24-00      941 5710  
 Date      Daytime Phone #

CR2E034 (9/99)