

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90348 001 \*\*\*150.00

DOCUMENT # **F00000006051**

1. Entity Name

*Simmons Marketing Exchange, Inc.*

Principal Place of Business

Mailing Address

768650

2. Principal Place of Business

3. Mailing Address

*5201 S.W. 23rd Terrace*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Fort Lauderdale, Florida*

City & State

4. FEI Number

*65-1050377*

Applied For

Not Applicable

Zip

Country

*33312*

*USA*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

*Michael A. Simmons*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Michael A. Simmons Pres. 4/30/01*

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, 2001, 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 *PVST*  
NAME *Simmons, Michael A.*  
STREET ADDRESS *5201 S.W. 23rd Terrace*  
CITY - ST - ZIP *Fort Lauderdale, FL 33312*

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

SIGNATURE

*Michael A. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael A. Simmons*  
President 4/30/01  
954-894-8733

CR2E034 (11/00)