

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90020 004 ***150.00

DOCUMENT # G70742

1. Entity Name

DIANA L. SIMMONS, PA

Principal Place of Business

Mailing Address

**800 NORTH OLIVE AVENUE
W. PALM BEACH FL 33401**

**10291 HERONWOOD LN
WEST PALM BEACH FL 33412**

2. Principal Place of Business

3. Mailing Address

1764 Congress Ave

10291 Heronwood Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

W. Palm Beach, FL

W. Palm Beach, FL

Zip

Country

Zip

Country

33409

PB

33412

PB

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRONZO, DIANA L. SIMMO
10291 HERONWOOD LN
WEST PALM BEACH FL 33412**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

**PST
TRONZO, DIANA L. SIMMO
10291 HERONWOOD LN
WEST PALM BEACH FL 33412**

☐ Delete

TITLE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

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TITLE

☐ Change ☐ Addition

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)