

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44230

1. Entity Name

SIMONS CONSTRUCTION COMPANY, INC.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90073 001 ***450.00

Principal Place of Business

Mailing Address

~~505-1-01 E.~~
~~ELLENTON FL 34222~~
~~US~~

~~BOX 247~~
~~ELLENTON FL 34222-2027~~
~~US~~

2. Principal Place of Business

~~7404 RIVERVIEW DR~~
Suite, Apt. #, etc.

3. Mailing Address

~~7404 RIVERVIEW DR~~
Suite, Apt. #, etc.

City & State

~~BRADENTON, FL~~

City & State

~~BRADENTON, FL~~

4. FEI Number

59-2495063

Applied For

Not Applicable

Zip
34209

Country

MANATEE

Zip
34209

Country

MANATEE

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

SIMONS, RICHARD E.

~~1747 INDEPENDENCE BLVD, STE 57~~
~~SARASOTA FL 34234~~

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, 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	DPS	<input type="checkbox"/> Delete
NAME	SIMONS, RICHARD E.	
STREET ADDRESS	5715 31 CT E 7404 RIVERVIEW DR	
CITY-ST-ZIP	ELLENTON FL 34222 BRADENTON, FL 34209	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SIMONS, BERNICE F.	
STREET ADDRESS	5715 31 CT E 7404 RIVERVIEW DR	
CITY-ST-ZIP	ELLENTON FL 34222 BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

Date

Daytime Phone #

CR2E034 (9/99)