

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90414 021 ***158.75

DOCUMENT # H81378

1. Entity Name
SIMMONS ENGRAVING AND MONOGRAMMING, INC.



Principal Place of Business
1304 E BAKER ST.
PLANT CITY FL 33566

Mailing Address
1304 E BAKER ST.
PLANT CITY FL 33566



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2586449**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ASHLEY
1304 E BAKER ST.
PLANT CITY FL 33566

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ashley Simmons*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMMONS, ASHLEY	
STREET ADDRESS	1304 E BAKER ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD & TREASURER	<input type="checkbox"/> Delete
NAME	SIMMONS, BRENDA	
STREET ADDRESS	1304 E BAKER ST.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HYATT, ROSE K	
STREET ADDRESS	2910 JIM JOHNSON ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PATRICIA L. SWEET	
STREET ADDRESS	1716 LANCELOT LP	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SIMMONS, JEFFREY	
STREET ADDRESS	1304 E. BAKER	
CITY-ST-ZIP	PLANT CITY FL 33566	
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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ashley Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-03 (813) 754-7360

CR2E034 (10/02)