

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90029 021 \*\*\*150.00  
 08-26-2002 90068 036 \*\*\*400.00

**DOCUMENT # H89524**

1. Entity Name  
**SIMMERSON PROPERTIES, INC.**

Principal Place of Business  
**253 DONEGAL CT.  
 ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**253 DONEGAL CT.  
 ALTAMONTE SPRINGS FL 32714**

**B0135213**  
**014020**

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 **59-2611807**

Applied For  
 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

**SIMMERSON, CHARLES M.  
 253 DONEGAL CT.  
 ALTAMONTE SPRINGS FL 32714**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D** ☒ Delete  
 NAME **SIMMERSON, MARY D**  
 STREET ADDRESS **253 DONEGAL CT.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE **DPS** ☐ Delete  
 NAME **SIMMERSON, CHARLES M.**  
 STREET ADDRESS **253 DONEGAL CT.**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **D** ☐ Delete  
 NAME **SIMMERSON, DORINIA**  
 STREET ADDRESS **253 DONEGAL CT**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 info empowered.

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

**8-1-02** **407.862.9679**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
BD135215 ~~XXXXXXXXXX~~

~~1~~ H 89524

Dodi Simmerson

8-10-02

Re: Uniform Business Reports  
Simmerson Properties and  
Church Properties

We should have received  
these forms in January but  
did not. We have always received  
them and paid timely.  
Will you please waive the  
fees for both corporations?

Thank you.

Sincerely,

Chanda Simmerson