

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90110 020 ***150.00

DOCUMENT # K03938

1. Entity Name
SIMMONS MORTGAGE COMPANY



Principal Place of Business
333 W. CAMINO GARDENS DRIVE
SUITE 201
BOCA RATON FL 33432
US

Mailing Address
333 W. CAMINO GARDENS DRIVE
SUITE 201
BOCA RATON FL 33432
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0015625

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, RICHARD E.
333 W. CAMINO GARDENS BLVD.
SUITE 201
BOCA RATON FL 33432

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

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 ☐ Delete
NAME SIMMONS, RICHARD E.
STREET ADDRESS 470 NE 5TH CIR
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PD ☐ Change ☐ Addition
NAME Simmons, Richard E
STREET ADDRESS 43 SW 12th Terrace
CITY-ST-ZIP Boca Raton, FL, 33486

TITLE VSD ☐ Delete
NAME SIMMONS, CAROLYN R.
STREET ADDRESS 470 NE 5TH CIR
CITY-ST-ZIP BOCA RATON FL 33431

TITLE VSD ☐ Change ☐ Addition
NAME Simmons, Carolyn R
STREET ADDRESS 43 SW 12th Terrace
CITY-ST-ZIP Boca Raton, FL, 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Richard E. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Richard E. Simmons 4-7-03 715-7603

CR2E034 (10/02)