1 of 2

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44104

1. Entity Name

JOHN SIMIONE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3438 OAK DRIVE	3438 OAK DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD	City & State: FL 33021
Zip / Country	Zip / Country

4. FEI Number: 65-0000380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JOHN SIMIONE

Street Address (P.O. Box Number is Not Acceptable): 3438 OAK DRIVE

City: HOLLYWOOD FL Zip Code: 33021

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: X John A Simione

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT - DIRECTOR JOHN SIMIONE 3438 OAK DRIVE HOLLYWOOD, FL 33021
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X John A Simione

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2nd 2

JOHN SIMIONE
3438 OAK DRIVE
HOLLYWOOD, FL 33021

NOVEMBER 26, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ladies and Gentlemen:

Enclosed is my check for $150.00 representing payment for my 2002 Uniform Business Report as well as a copy of my Uniform Business Report. I am asking that you accept this payment as I did not receive the original Uniform Business Report in the mail at my above address. Thank you.

Sincerely,

John A Simione

John Simione