

**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

2. Principal Place of Business

3438 OAK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3438 OAK DRIVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD

City & State

FL 33021

4. FEI Number

65-0000380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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**

**DO NOT WRITE
IN THIS SPACE**

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

John A. Simone

Signature of agent or principal 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**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11/27/02--01030--011 **150.00

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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 an officer like empowered.

SIGNATURE: *John A. Simone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

2012

**JOHN SIMIONE
3438 OAK DRIVE
HOLLYWOOD, FL 33021**

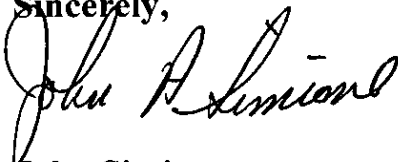
NOVEMBER 26, 2002

**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 Simione