

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90152 003 ****61.25

DOCUMENT # N02000002611

1. Entity Name

SIMMS ENTERPRISES, INC.



Principal Place of Business

**2601 TROLLIE LANE #8
JACKSONVILLE FL 32213-800**

Mailing Address

**2601 TROLLIE LANE #8
JACKSONVILLE FL 32213-800**

2. Principal Place of Business

3. Mailing Address

P.O. Box 11205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

01-0586060

Applied For

Not Applicable

Zip

Country

Zip

Country

32239-1205 U.S.A.

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, ROSCOE G
2601 TROLLIE LANE #8
JACKSONVILLE FL 32213-800**

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D RANDOLPH, LESTER**
STREET ADDRESS **4207 LALOSA DR**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE ☒ Delete
NAME **D FOSTER, VINCENT**
STREET ADDRESS **109 CLAPTON WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32220**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR VIVIAN M. JAMES**
STREET ADDRESS **5113 N. GLEN AVE COURT**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32210**

TITLE ☒ Delete
NAME **D SIMMONS, ROSCOE G**
STREET ADDRESS **2601 TROLLIE LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR DIONNE DANNER**
STREET ADDRESS **10165 GLEN HILL CIRCLE SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32225**

TITLE ☐ Delete
NAME **D CUNNINGHAM, CHRISTOPHER G**
STREET ADDRESS **4800 ORTEGA FARMS BLVD APT 1401**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE ☐ Delete
NAME **D BULLARD, HAYWARD III**
STREET ADDRESS **10430 SONG SPARROW LN**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

ROScoe G. Simmons, Jr.

1-23-03

904)509-1637

CR2E037 (10/02)