

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90195 034 ***150.00

0136189

DOCUMENT # P00000020660

1. Entity Name

LAWRENCE J. SIMMS INSURANCE AGENCY, INC.

Principal Place of Business

**1945 NORTH UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071**

Mailing Address

**1945 NORTH UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

5325 NW 51ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Coral Creek, FL

City & State

Zip

Country

33073

Broward

Zip

Country

4. FEI Number

65-0986224

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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.

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

PSTD ☐ Delete
SIMMS, LAWRENCE J
1945 NORTH UNIVERSITY DRIVE
CORAL SPRINGS FL 33071

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

954-721-1118
 Daytime Phone #

CR2E034 (10/00)