2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000055545

Mailing Address

8536 ALDERWOOD COURT

JACKSONVILLE FL 32244

1. Entity Name

Principal Place of Business

8536 ALDERWOOD COURT

JACKSONVILLE FL 32244

SIMMS SERVICES, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90112 026 ***150.00

L HORMOND HIT GODIN KANNI GODIN KONIN KONIN KONIN GOTON GINGU RINGK GININ GAGAN GUN 1887

2. Principal Pla	ace of Business	3. Mailing Address					1 8 8 8 9 1 8 1 1 4] 89(
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State)	City & State			4. FI	59-3652318		plied For		
J.,						09 0000 10		t Applicable		
Žip į	Country	Zip		Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
•				Name						
SIMMS, M. ALAN				Street Address (P.O. Box Number is Not Acceptable)						
8536 ALDI	ERWOOD COURT									
JACKSON	VILLE FL 32244							T		
				City			FL	Zip Code	e	
	named entity submits this statement fo	the purpose of chang	ing ite register	d office or regis	tered age	ent, or both, in the State of Florida	I am far	niliar with,	and accept	
The above the obligation	named entity submits this statement to ions of registered agent.	r the purpose of chang	ing its register	a office of regio		,				
ino obligati										
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature requ	ired when re	instating)	DATE			
	<u>,</u>									
A#0	FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					 Election Campaign Financi Trust Fund Contribution. 	ing 📑		0 May Be I to Fees	
Artei	Payable to Florida Department of	f State				Trust Fund Contribution.	٦	Addec	101000	
10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICER	RS AND D	DIRECTOR	3 IN 11	
TITLE	Р	☐ Delete	TITL	E				Change	Addition	
NAME	SIMMS, M. ALAN		NAN	IE						
STREET ADDRESS	8536 ALDERWOOD COURT			EET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32244		CITY	'-ST-ZIP						
TITLE		☐ Delete						☐ Change	Addition	
NAME			NAM	IE EET ADDRESS						
STREET ADDRESS				-ST-ZIP						
CITY-ST-ZIP	<u> </u>							Change	Addition	
TITLE		LJ Delet	e NAM							
NAME STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CIT	r-ST-ZIP				 		
TITLE		☐ Delet	e TITI	.E		-		Change	Addition	
NAME			NA	l l						
STREET ADDRESS	·			EET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP				r Obsess	Addition	
TITLE		Delet		L				Change	☐ Wadition	
NAME			NA!	I .						
STREET ADDRESS			1	REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP					 -			☐ Change	Addition	
TITLE		☐ Delei	te TIT	I .						
NAME STREET ADDRESS				REET ADDRESS						
STREET ADDRESS				Y-ST-ZIP						

12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

904-771-7323

Daytime Phone #

CR2E034 (10/02)