

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101422

1. Entity Name

MYERS SIMMONDS, P.A.

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90435 001 ***150.00

Principal Place of Business

~~11561 SW 9TH CT.~~
~~PEMBROKE PINES FL 33025~~

Mailing Address

~~11561 SW 9TH CT.~~
~~PEMBROKE PINES FL 33025~~

00024700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4801 S. University Drive

3. Mailing Address

4801 S. University Drive

Suite, Apt. #, etc.

Suite 3010

Suite, Apt. #, etc.

Suite 3010

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip

33328

Country

U.S.A.

Zip

33328

Country

U.S.A.

4. PE Number

05-1055925

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONDS, CAROLYN M ESQ.
11561 SW 9TH CT.
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

Name: Myers Simmonds, P.A.
Street Address (P.O. Box Number is Not Acceptable): 4801 S. University Drive
Suite 3010
City: Ft. Lauderdale FL Zip Code: 33328

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

Carolyn Simmonds MYERS SIMMONDS, P.A.
CAROLYN Myers-Simmonds 4/03/01

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. ☐

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME: P. CAROLYN MYERS-SIMMONDS
STREET ADDRESS: 11561 S.W. 9th Ct
CITY-ST-ZIP: Pembroke Pines, FL 33025

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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:

Carolyn Simmonds CAROLYN Myers-Simmonds 4/03/01 434-5041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)