

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P00000105291*

1. Entity Name

Rickie Simmons & Son's Tropical Fish, Inc.



FILED

**May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90413 007 ***158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3615 24th St. SE

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Ruskin Florida

City & State

Zip *33570*

Country *USA*

Zip

Country

4. FEI Number

59-3685772

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Rickie Simmons*

Street Address (P.O. Box Number is Not Acceptable)

3615, 24th St SE

City *Ruskin*

FL Zip Code *33570*

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

January 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE *Rickie Simmons*
NAME *3615 24th St SE*
STREET ADDRESS *Ruskin, FLA. 33570*
CITY-ST-ZIP *President*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice President*
NAME *Yvonne Simmons*
STREET ADDRESS *3615 24th St SE*
CITY-ST-ZIP *Ruskin FLA*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rickie Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 813-645-0874

Daytime Phone #

CR2E034B (12/02)