

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

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

05-01-2003 90413 007 ***158.75

DOCUMENT # *P00000105291*

1. Entity Name
Rickie Simmons + Son's Tropical Fish, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3615 24th St SE

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ruskin Florida

City & State

4. FEI Number
59-3685772

Applied For
Not Applicable

Zip
33570

Country
USA

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 - May 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 NAME STREET ADDRESS CITY - ST - ZIP	<i>Rickie Simmons 3615 24th St SE Ruskin, FLA. 33570 President</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Yvonne Simmons 3615 24th St SE Ruskin FLA</i>
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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
Date Daytime Phone #

CR2E034B (12/02)