

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90107 018 ***150.00

DOCUMENT # P01000113653

1. Entity Name
DAVID SIMMONS REALTY GROUP, INC.



Principal Place of Business
**9655 S. DIXIE HIGHWAY STE 117
PINEACRES FL 33156**

Mailing Address
**9655 S. DIXIE HIGHWAY STE 117
PINEACRES FL 33156**



2. Principal Place of Business

**9655 South Dixie Hwy
117**

3. Mailing Address

**9655 South Dixie Hwy
117**

☐ -CHECK HERE IF MAKING CHANGES-

City & State

Pinecrest FL

City & State

Pinecrest FL

4. FEI Number **65-0999004**

Applied For
Not Applicable

Zip

33156

Country

Usda.

Zip

33156

Country

Usda.

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

6. Name and Address of Current Registered Agent

**LAM, PAULINA
9655 S. DIXIE HIGHWAY STE 117
PINEACRES FL 33156**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **LAM, PAULINA**
STREET ADDRESS **9655 S. DIXIE HIGHWAY STE 117**
CITY-ST-ZIP **PINEACRES FL 33156**

TITLE **VP** ☐ Delete
NAME **Espinosa Ivan**
STREET ADDRESS **9655 S. Dixie Highway S-117**
CITY-ST-ZIP **Pinecrest, FL 33156**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)