

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90075 002 \*\*\*150.00

**DOCUMENT # P02000011416**

**1. Entity Name**  
**SIMMONS CONSTRUCTION AND FRAMING INC.**



**Principal Place of Business**  
**901 LIGHTHOUSE RD.**  
**FT. WALTON BCH FL 32547-3914**

**Mailing Address**  
**901 LIGHTHOUSE RD.**  
**FT. WALTON BCH FL 32547-3914**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.  
**333 Cherie Court NW**

Suite, Apt. #, etc.  
**333 Cherie Court NW**

City & State  
**Fort Walton Beach, FL**

City & State  
**Fort Walton Beach, FL**

Zip  
**32548**

Country  
**USA**

Zip  
**32548**

Country  
**USA**

**4. FEI Number**  
**03-0381360**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FANELLA, NICHOLAS R**  
**434 TANGLEWOOD DR.**  
**FT. WALTON BCH FL 32547**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **SIMMONS, LEONARD**  
STREET ADDRESS **901 LIGHTHOUSE RD.**  
CITY-ST-ZIP **333 Cherie Court NW  
FT. WALTON BCH FL 32547-3914 32548**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-27-03**

Date

**850-243-7334**

Daytime Phone #

CR2E034 (10/02)

Dear Sir:

Attachment

10091199

#P020000011416

I never received forms for my other 2 corporations. So enclose is a copy from Simmins Construction & Framing, Inc. with the information on the other corporations such as Document #'s, FEI #'s address info. along with the \$150.00 fee. Any questions please contact me.

Thank you for your assistance.

Sincerely

