

FILED

03 SEP -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000060613

1. Entity Name

SI SIMONDS' INDOOR OUTDOOR GARDNERS INC.



Principal Place of Business

6010-1/2 NORTH BRANCH AVE. APT. C
TAMPA, FL 33604

Mailing Address

6010-1/2 NORTH BRANCH AVE. APT. C
TAMPA, FL 33604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0609762

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMONDS, HAROLD E
6010-1/2 NORTH BRANCH AVE. APT. C
TAMPA, FL 33604

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's signature required when instituting)

DATE

FILE NOW!!! FEE/TS: \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 507, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/03

Date

Daytime Phone #

CR2034 (10/02)

8/9/4

SI SIMONDS' INDOOR-OUTDOOR GARDNERS, INC.

8-25-03

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Si Simonds' Indoor Outdoor Gardners Inc.
Ref. Number: P02000060613

Dear Sirs:

I am writing you to ask for a Waiver of the late fee the State has imposed on my Corporation.

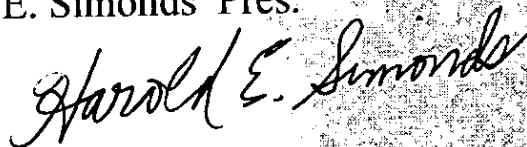
I Incorporated my small Co. in June of 2002 & at that time I paid the 150.00 Fee to be Incorporated. Since then I have not received any notice for the Fee for 2003 until on or about the First of July this year received a notice that my Fee was Late.

I then sent 150.00 to the State (enclosed) which was sent back. Again the explanation that the fee was late is there was no notice sent to my address requesting the fee for 2003

So I am asking that the extra charges that were imposed be dropped & that the 150.00 be accepted for 2003.

Sincerely,

Harold E. Simonds Pres.



Home Address: 6010 N. BRANCH AVE. APT. C TAMPA, FL 33604