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.

100022932061
09/10/03--01066--003 **150.00

Principal Place of Business	Mailing Address
6010-1/2 NORTH BRANCH AVE. APT. C TAMPA, FL 33604	6010-1/2 NORTH BRANCH AVE. APT. C TAMPA, FL 33604

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
SIMONDS, HAROLD E 6010-1/2 NORTH BRANCH AVE. APT. C TAMPA, FL 33604	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Pres NAME Harold E Simonds STREET ADDRESS 6010 1/2 N. Branch Ave APT C CITY-ST-ZIP Tampa FL 33604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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] 7/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.

Harold E. Simonds

Home Address: 6010 N. Branch Ave. Apt. C Tampa, Fl. 33604

P. O. Box 8985 • Tampa, Florida 33674-8985
(813) 232-9419 • Fax (813) 232-0389 • Pinellas (727) 528-1996 • Cell (813) 240-4545