

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002432

1. Entity Name

S. A. SIMMONS, INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90377 013 ***158.75

Principal Place of Business

205 WORTH AVE
201-123
PALM BEACH FL 33480
US

Mailing Address

205 WORTH AVE
201-123
PALM BEACH FL 33480
US

2. Principal Place of Business

1281 N Ocean Dr
Suite, Apt. #, etc.
135

3. Mailing Address

1281 N. Ocean Dr
Suite, Apt. #, etc.
135

City & State

Singer Island, FL

City & State

Riviera Beach, FL

Zip

33404

Country

Zip

33404

Country

USA

4. FEI Number

65-0556320

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, SHERRY A
205 WORTH AVE
SUITE 201-123
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: SIMMONS, SHERRY A
Street Address (P.O. Box Number is Not Acceptable): 1281 N. Ocean Drive
135
City: RIVIERA BEACH FL Zip Code: 33404

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.

SIGNATURE

Sherry A Simmons

4/17/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D
NAME: SIMMONS, SHERRY A
STREET ADDRESS: 1281 N OCEAN DR #135
CITY-ST-ZIP: SINGER ISLAND FL 33404 ☐ Delete

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

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

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CITY-ST-ZIP:

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

12. 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
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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sherry Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

561 832
3511

Date

Daytime Phone #

CR2E034 (10/00)