FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90888 046 ***158.75

DOCUMENT # P95000002432

1. Entity Name: S. A. Simmons, Inc.

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2. Principal Place of Business	3. Mailing Address
205 WORTH AVE	1281 N. Ocean Dr
Suite, Apt. #, etc.: # 318	Suite, Apt. #, etc.: # 135
City & State: PALM Beach, FL	City & State: Riviera Beach FL
Zip: 33480 Country: PALM Beach	Zip: 33404 Country: PALM Beach

4. FEI Number: 65 0556320 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — 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.

SIGNATURE: ______ DATE

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

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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

Sherry Simmons (signature) Sherry Simmons (561) 832-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #