

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0123087 AT

DOCUMENT # P96000068174

1. Entity Name
W. B. SIMMONS, INC.



FILED

03 OCT 15 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344

Mailing Address
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344

2. Principal Place of Business

7337A Old Woyd Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 386

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip
32344

Country

City & State

Woyd, FL

Zip
32337

Country

4. FEI Number

59-3396703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, TAMMY K
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344

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 signature required when reinstating)

DATE

10/13/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PV
SIMMONS, WILLIAM B
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
SIMMONS, TAMMY
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

100023830231
10/15/03--01075--022 **750.00

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☐ 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 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

Date

Daytime Phone #

10/13/03 850-997-5005

CR2E034 (4/03)