

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT 15 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000068174**



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

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 Wloyd Rd.

3. Mailing Address

P.O. Box 386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Monticello, FL

City & State
Wloyd, FL

4. FEI Number **59-3396703**

Applied For
 Not Applicable

Zip **32344** Country

Zip **32337** Country

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

**SIMMONS, TAMMY K
226 HIAWATHA FARMS ROAD
MONTICELLO FL 32344**

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 *Tammy K. Simmons*

10/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100023830231
10/15/03--01075--022 **750.00

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Tammy K. Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03 850-997-5005
Date Daytime Phone #

CR2E034 (4/03)