

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000006038**

1. Entity Name

**SIMMONS CONSTRUCTION & ENGINEERING INC.**

Principal Place of Business

1208 CYPRESS POINT  
WINTER HAVEN FL 33884

Mailing Address

1208 CYPRESS POINT  
WINTER HAVEN FL 33884

2. Principal Place of Business

1208 CYPRESS PT.E.

3. Mailing Address

1208 CYPRESS PT E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

WINTER HAVEN FL

City &amp; State

WINTER HAVEN FL

Zip

33884

Country

USA

Zip

33884

Country

USA

6. Name and Address of Current Registered Agent

SIMMONS, ERNEST  
1208 CYPRESS POINT  
WINTER HAVEN FL 33884

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.

SIGNATURE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SIMMONS, ERNEST	1208 CYPRESS POINT WINTER HAVEN FL 33884	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST SIMMONS, PRES.

Date

Daytime Phone #

**FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90037 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3393441

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**  
**Fee Required**

CR2E034 (10/00)

0362165