## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P97000006038 **DOCUMENT #**

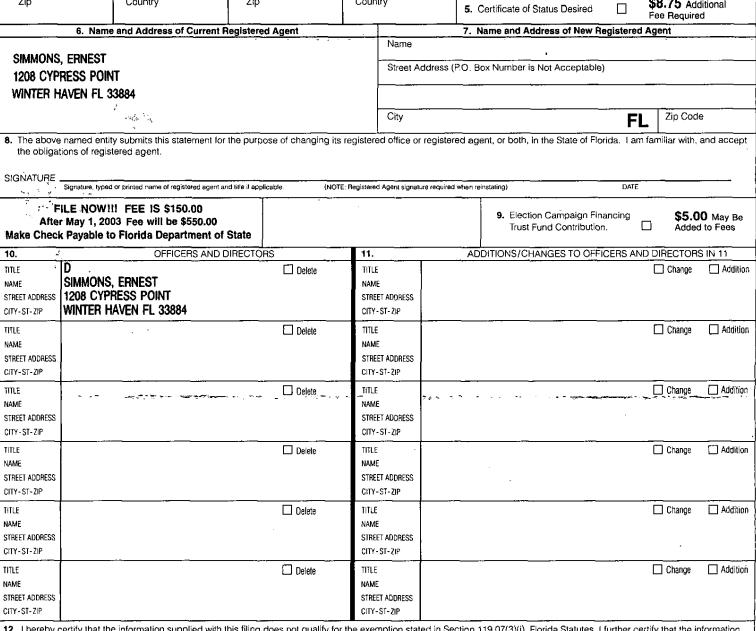
1. Entity Name

SIMMONS CONSTRUCTION & ENGINEERING INC.

}				WE THE			
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		3. Mailing Address				11 BB110 B1111 B4104 14191 1611 1681	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-3393441	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7	7. Name and Address of New Registered Agent		
				Name			
SIMMONS, ERNEST			Si Si	Street Address (P.O. Box Number is Not Acceptable)			
1208 CYPRESS POINT							
WINTER HAVEN FL 33884							
- total			С	FL Zip Code			
	e named entity submits this statementions of registered agent.	t for the purpose of changing it	s registered of	ffice or registered	agent, or both, in the State of Florida. I a	m familiar with, and accept	
SIGNATURE							
Sidily ii Oilie	Signature, typed or printed name of registered ag	gent and title it applicable. (NO	TE: Registered Age	nt signature required who	en reinstating) DAT	E	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.		ND DIRECTORS	11.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 11	
, , ,	D OFFICERS AI	Delete	TITLE	<del>-  </del>	ADDITIONS/CHANGES TO GIFTICERS A	☐ Change ☐ Addition	
NAME	SIMMONS, ERNEST	Li Delete	NAME			C Quange C Addition	
STREET ADDRESS	1208 CYPRESS POINT		STREET AD	ORESS			
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-Z	(IP			
	<u> </u>	<del></del>					

**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90376 038 \*\*\*150.00



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:

EMME ONS PRES. 4/17/03 863-329

Date Date Dayline Phone #