

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90184 050 ***158.75

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DOCUMENT # P97000006877

1. Entity Name

DALE W. SIMMONS INC.



Principal Place of Business

**6592 CLAIRMONT PL.
HOBE SOUND FL 33455**

Mailing Address

**6592 CLAIRMONT PL.
HOBE SOUND FL 33455**

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0714277

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMMONS, DALE W
6592 CLAIRMONT PL.
HOBE SOUND FL 33455**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PV** ☐ Delete
NAME **SIMMONS, DALE W**
STREET ADDRESS **6592 CLAIRMONT PL.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **ST** ☐ Delete
NAME **SIMMONS, JOANN**
STREET ADDRESS **6592 CLAIRMONT PL.**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DALE W. SIMMONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-03

Date

772-286-9340

Daytime Phone #

CR2E034 (10/02)

Attachment
90138101

A note from
Dales Trucking Inc

5-29-03

DIVISION of Corporations
Uniform Business Reports Filings
P.O. Box 1500
Tallahassee, FL; 32302-1500

Document # P97000006877
FE # 65-0714277
To Whom It May Concern,

Spoke with one of your
representatives on 5-28-03

Explained to her Dale Simmons
was diagnosed with a malignant
melanoma & had to have his little
toe removed & somehow this
got misplaced. If you need
doctor reports we have them.

Karen, your representative said
don't worry about late fee, just
mail today and you will accept.

Thanks so much!

Jale Simmons

Calew Jones

6592 SE Clearmont

Hoke Sound

FL; 33455

Encl. # 8 75

for status of
Report

