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104 FE 45

DOCUMENT # P98000039716 1. Entity Name SIMONS BUSINESS SERVICES INC.				Secretary of State 08-31-2001 90110 007 ***150.00				
Principal Place of Business 2651 NW 62 TERRACE 2651 NW 62 TERRACE SUNRISE FL 33313 2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	2691 De 62 Terr.	3. Mailing Address ALGI IVW 62 1 Suite, Apt. #, etc.	lerrace		DO NOT WRITE IN THIS SPA	₹CE		
GCity & State	(.)	Scity & State Sunse, Fl	Cpuntry	4. FEI Number 65 5. Certificate of Stat		Not .]
33313) <u>USA</u>		Country USA	<u> </u>		e Required		
	6. Name and Address of Current F	legistered Agent	Name //	1 · A	ess of New Registered Age	int		1
SIMONS, I	KFRRIE		l Vrr	ac Simon	15			
•	62 TERRACE		Street/Address	s (P.O. Box Number is No	ot Acceptable)			
SUNRISE]
			Citybur	nse	FL	7999	13	
8. The above	e named eatity submits this statement for	the purpose of changing its req	gistered office or regist	tered agent, or both, in th	ne State of Florida.	01		
JICHARONE.	Signature typed or printed name of registered agent as	and title if applicable. (NOTE: Re	Registered Agent signature requir	ired when reinstating)	DATE			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After September 12, 2 Make Check Payable		0.00 Trust Fun	Campaign Financing and Contribution.	\$5.00 Added to	May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHAN	IGES TO OFFICERS AND DI	RECTORS	IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMONS, KERRIE A 2651 NW 62 TERRACE SUNRISE FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	5
NAME STREET ADDRESS	ويستدو يعلقها المحادث	. Delete	TITLE NAME STREET ADDRESS	الدائدي بعوده الراد		Change	Addition	1
CITY-ST-ZIP			CITY-ST-ZIP					
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7171.5			TITLE			7 Chanca	☐ Addition	1 1

NAME

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 trusted empowered to execute this eport 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.

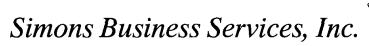
STREET ADDRESS CITY-ST-ZIP

2001 UNIFORM BUSINESS REPORT (UBR)

NAME

STREET ADDRESS

SIGNATURE:





August 20, 2001

Division of Corporations P.O. Box 1500 - - - - - Tallahassee, FL 32302-1500

RE Document #: P98000039716

To Whom It May Concern:

Please be advised that I did not receive the previous Uniform Business Report that was sent to me to be filed. I received this Uniform Business Report by surprise with the fee of \$550.00. Simons Business Services is not prepared to pay a fee of this amount. I phoned your office asking for advice of how to reinstate my previous UBR with a fee of \$150.00. They told me to send a letter along with the completed UBR and a check in the amount of \$150.00. They said there is a possibility of it being reviewed and accepted.

I appreciate your review of this letter with a prompt response.

Thank you,

Ketrie Simons