

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90005 029 ***150.00

DOCUMENT # P99000078701

1. Entity Name

JOHN SIMMONS BROKERAGE, INC.

Principal Place of Business

Mailing Address

1961 RAYMOND TUCKER RD.
TALLAHASSEE FL 32311

1961 RAYMOND TUCKER RD.
TALLAHASSEE FL 32311-7763

2. Principal Place of Business

3. Mailing Address

1961 RAYMOND TUCKER RD. 1961 RAYMOND TUCKER RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLA.

City & State

TALLAHASSEE, FLA.

Zip

32311

Country

USA

Zip

32311

Country

USA.

4. FEI Number

59-360800

Applied For

Not Applicable

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, JOHN
1961 RAYMOND TUCKER RD.
TALLAHASSEE FL 32311

Name ~~JOHN SIMMONS~~

Street Address (P.O. Box Number is Not Acceptable)

~~1961 RAYMOND TUCKER ROAD~~

City

TALLAHASSEE

FL

Zip Code

32311

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 reinstalling)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PRESIDENT / DIRECTOR
STREET ADDRESS JOHN SIMMONS
CITY-ST-ZIP 1961 RAYMOND TUCKER RD.
TALLAHASSEE, FLA. 32311

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

TITLE ☐ Delete
NAME SECRETARY / TREASURER
STREET ADDRESS JOHN SIMMONS
CITY-ST-ZIP 1961 RAYMOND TUCKER RD.
TALLAHASSEE, FLA. 32311

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E034 (9/99)