

AMENDED 2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P99000096973

1. Entity Name

M.A. SIMMONS, INC.

02 JUN 19 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600005978926--7

-06/25/02--01063--006

*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5275 Red Bug Lake Rd.

3. Mailing Address
5275 Red Bug Lake Rd.

Suite, Apt. #, etc.
Suite 117

Suite, Apt. #, etc.
Suite 117

City & State
Winter Springs, FL

City & State
Winter Springs, FL

Zip
32708

Country
USA

Zip
32708

Country
USA

4. FEI Number
59-3605658

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Hubbard, Patricia L.

Street Address (P.O. Box Number is Not Acceptable)
5275 Red Bug Lake Rd., Suite 117

City
Winter Springs

FL

Zip Code
32708

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IN THIS SPACE

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 *Patricia L. Hubbard* Patricia L. Hubbard

5/6/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PD
Hubbard, Patricia L.
5275 Red Bug Lake Rd., #117
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Hordosi, Mary Jane
5275 Red Bug Lake Rd.
Winter Springs, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia L. Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia L. Hubbard, President

5/6/02

407 ✓ 699-7989

Date

Daytime Phone #

CR2E034B (12/01)

7/6/24/02