

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90098 018 ***150.00

DOCUMENT # P99000096973

1. Entity Name
M.A. SIMMONS, INC.



Principal Place of Business
5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS FL 32708

Mailing Address
5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3605658**

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

7. Name and Address of New Registered Agent

HUBBARD, PATRICIA
5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS FL 32708

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 *Patricia Hubbard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/21/03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HUBBARD, PATRICIA L**
STREET ADDRESS **5275 RED BUG LAKE ROAD, SUITE 117**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE **SD** ☐ Delete
NAME **HORDOSI, MARY JANE**
STREET ADDRESS **5275 RED BUG LAKE ROAD, SUITE 117**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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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: *Patricia Hubbard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/03 *407-699-7989*
Date Daytime Phone #

CR2E034 (4/03)

Attachment #
80140833
P990000 96973

August 21, 2003

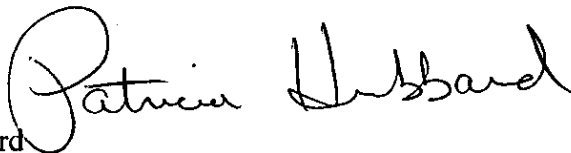
Florida Department of State
Secretary of State
Glenda Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Division of Corporations:

Please accept my deepest apologies for any inconvenience this late filing has caused. As a corporation, we have made some management changes and when doing so have come across this Uniform Business Report which apparently was not filed. I had not seen a prior notice but want to ensure you that next year everything will be filed in a timely manner.

I am submitting payment of the original filing fee of \$150.00. We request that the late filing fee be waived for us on this occasion.

Kind Regards,



Patricia L. Hubbard
President