

DOCUMENT # V38679

SEE SIMMONS REALTY, INC.

937 S.E. ATLANTUS AVE.
PORT ST. LUCIE FL 34983

937 S.E. ATLANTUS AVE.
PORT ST. LUCIE FL 34983-3905

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

65-0338285

Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

WILLIAMS, CHERRYL D
937 SE ATLANTUS AVE
PORT ST. LUCIE FL 34983

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.

SIGNATURE

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) ☐

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

ii. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	D	<input type="checkbox"/> Delete
ADDRESS	WILLIAMS, CHERRY D	
ST-ZIP	937 SE ATLANTUS AVE PORT ST. LUCIE FL	
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
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		<input type="checkbox"/> Delete
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		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #