2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE AND TYP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED **DOCUMENT # V53694** May 16, 2000 8:00 am 1. Entity Name Secretary of State SIMMONS CONSTRUCTION AND PAINT, INC. 05-16-2000 90102 035 ***158.75 Principal Place of Business Mailing Address 18474 SW 89 CT. 18474 SW 89 CT. MIAMI FL 33157-7116 **MIAMI FL 33157** Principal Place of Business 3. Mailing Address TRINE CH CITRINE CT. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. BOYNTON Applied For City & State 4. FEI Number 65-0348260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SIMMONS, AMY (P.O. Box Number is Not Acceptable 18474 SW 89 CT. MIAMI FL 33157 submits this state flent for the purpose of changing its registered office or registered agent, or both, in the State of Floridg 8. The above named § SIGNATURE ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **PVTS** TITLE ☐ Delete SIMMONS, AMY S NAME STREET ADDRESS STREET ADDRESS 18474 SW 89 CT. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157~ ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 reportes 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if