2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 20, 2002 8:00 am Secretary of State **DOCUMENT #** V53694 1. Entity Name SIMMONS CONSTRUCTION AND PAINT, INC. 05-20-2002 90075 024 ***158.75 Principal Place of Business Mailing Address 6010 CITRINE CT 6010 CITRINE CT 859777 **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0348260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMMONS, AMY Street Address (P.O. Box Number is Not Acceptable) **6010 CITRINE CT BOYNTON BEACH FL 33437** Zip Code City FL 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** DATE Signature, typed or printed name 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) **PVTS** Change TITLE TITLE ☐ Delete Simmons, EMILIA AMY SIMMONS, AMY S NAME NAME 6010 Citrine Ct. 6010 CITRINE CT STREET ADDRESS STREET ADDRESS Boymton Beach, Fl. 33437 **BOYNTON BEACH FL 33437** CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Simmons, Spencer J. NAME NAME 6010 Citrine Ct. STREET ADDRESS STREET ADDRESS Boynton Beach. Fl-33435 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

28/02 561-369-5360

FILED