2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V53694 DOCUMENT

1. Entity Name

SIGNATURE:

SIMMONS CONSTRUCTION & DEVELOPMENT INC.



Mar 05, 2003 8:00 am & Secretary of State 203-05-2003 90075 022 ****

Principal Plac 6010 CITRINE BOYNTON BE US		6010 CI	Mailing Address 6010 CITRINE CT BOYNTON BEACH FL 33437 US										
2. Principal P	lace of Business	3. Mailin	3. Mailing Address 5976 2074 ST.				1 11	FE 0 ES 5 E		(† 616) 6 (9() 6	IOJI BIBII OISII B	IBII B1811 1881	
Suite, Apt.	/		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State	Beach Floris		Olvo Beach F			L	4. FEI Number 65-0348260			No	plied For t Applicable		
3296 E	3 Country	7Zip	د سبب بهرستریشد به د	~ Countr	A		- 5. Certific	ate of Status	Desired	-X	\$8.75 Add Fee Required	litional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent													
SIMMONS 6010 CITE BOYNTON			Street Address (P.O. Box Number is Not Acceptable)										
City Olro Beach FL Zing 8													
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signiture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Ca Trust Fund (Contribution	n.	Added	0 May Be to Fees	
10.	OFFIC PT	ERS AND DIRECTORS		11.		PS	ADDITIO	NS/CHANGE	S TO OFFI	CERS AND	DIRECTORS	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMMONS, EMILIA AMY 6010 CITRINE CT BOYNTON BEACH FL 3:	3437	Delete Delete	NAME STREE	Täddress St-zip	3; 1/8	nimon 43/cl	S, SPE	scer Vero	J. Beach	Change		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS ST-ZIP					- · ·	Change	☐ Addition	
12. I hereby of indicated of the cor	certify that the information sup on this report or supplement poration or the receiver or tru or on an attachment with an	al report is true and ac stee empowered to ex	curate and that my ecute this report a	the exem	nption stature ure shall ha	ave the s	ame legal e	ffect as if ma	de under o:	ath: that La	am an officer i	or director L	