

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90295 040 ***150.00

DOCUMENT # P93000040774

1. Entity Name

SUMCARLOS, INC.

Principal Place of Business

**5571 HALIFAX AVE
FT MYERS FL 33912**

Mailing Address

**5571 HALIFAX AVE
FT MYERS FL 33912**

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 **65-0415427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOLAND, JOHN A
1715 MONROE ST
FT MYERS FL 33902-0280**

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, 2001 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCNEW, QUINTON B % 14860 SIX MILE CYPRESS PARKWAY FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGHES, ROBERT K JR % 14860 SIX MILE CYPRESS PARKWAY FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST INGE, RONALD E % 14860 SIX MILE CYPRESS PARKWAY FT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
5571 HALIFAX AVE. FT. MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
5571 HALIFAX AVE. FT. MYERS, FL 33912	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/01
Date

941-454-4989
Daytime Phone #

CR2E034 (10/00)