FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91291 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 469621

1. Entity Name
SUMMIT TECHNICAL ARCHITECTURAL GROUP, INC.

DO NOT WRITE IN THIS SPACE

11023619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
203 DIXIE BLVD.	203 DIXIE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH FL
Zip: 33444 County: PALM BEACH	Zip: 33444 County: PALM BEACH

4. FEI Number: 591630774 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~JOEL~~ KRUL, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable): 200 E BROWARD BLVD

City: FT LAUDERDALE FL Zip Code: 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 4/25/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $300.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BETTY SCHULTZ 203 DIXIE BLVD DELRAY BEACH FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SCHULTZ, JOEL 203 DIXIE BLVD DELRAY BEACH FL 33444
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 561 819 1700