

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657101

1. Entity Name

SUMMIT LOSS CONTROL SERVICES, INC.

Principal Place of Business

Mailing Address

2310 A Z PARK ROAD
P.O. DRAWER 968
LAKELAND FL 33802

2310 A Z PARK ROAD
P.O. DRAWER 968
LAKELAND FL 33802

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

59-1979237

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

HODGES, RICKY T
2310 A-Z PARK RD.
LAKELAND FL 33801

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 PD
NAME HODGES, RICKY T
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE AS
NAME DEBORAH A. GISS
STREET ADDRESS 175 BERKELEY ROAD
CITY-ST-ZIP BOSTON, MA 02117 ☐ Change ☒ Addition

TITLE VD
NAME BENNETT, ALLEN C.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200005308052--7
-04/19/02--01045--009
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE S
NAME CLARKE, THOMAS L. JR.
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME HANSELMAN, JOHN D
STREET ADDRESS 2310 A-Z PARK ROAD
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Ricky T. Hodges

Ricky T. Hodges, President

04/01/02

863-665-6060

TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #