2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005361

City-St-Zip:

Entity Name: SUMMIT AMERICA PROPERTIES, INC.

FILED Apr 04, 2003 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|-----------------------------|-------------------|---|--------------|--|----------|
| | POOSA STRE MERY, AL 36 | ET, SUITE 300 104 | | | | | |
| Current Mailing Address: | | | | New Maili | ng Addres | s: | |
| | POOSA STRE MERY, AL 36 | ET, SUITE 300 104 | | | | | |
| FEI Number | : 63-1245434 | FEI Number Applied For | () FEI Nu | mber Not App | licable () | Certificate of Status Desire | ed () |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| 420 WEST | ADRIEN A III FBEACH DRIV CITY, FL 3240 | | | | | | |
| | named entity e of Florida. | submits this statement fo | or the purpose of | of changing i | ts registere | d office or registered agent, | or both, |
| SIGNATUI | RE: | | | | | | |
| | Electro | nic Signature of Register | ed Agent | | | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (|). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITION | IS/CHANGI | ES TO OFFICERS AND DI | RECTORS: |
| Title: Name: Address: City-St-Zip: | HUGHES, W. [| SA STREET, SUITE 300 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | COX, BRIDGE | SA STREET, SUITE 300 | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: Address: | (|) Delete | | Title: Name: Address: | | () Change (X) Addition LD, SCOTT R POOSA STREET, SUITE 300 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MONTGOMERY, AL 36104

SIGNATURE: SCOTT R CROSSFIELD CFO 04/04/2003