

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004609

1. Entity Name

SUMMIT FINANCING INC.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90571 019 ***150.00

Principal Place of Business

212 S. TRYON ST., STE. 500
CHARLOTTE NC 28281

Mailing Address

212 S. TRYON ST., STE. 500
CHARLOTTE NC 28281

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 56-1940828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE VT
NAME SCHWARZ, MICHAEL L
STREET ADDRESS 212 S. TRYON ST., STE. 500
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE VS
NAME MALONE, MICHAEL G
STREET ADDRESS 212 S. TRYON ST., STE. 500
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE D.
NAME DAVENPORT, STEPHEN H JR.
STREET ADDRESS 212 S TRYON ST - SUITE 500
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE P
NAME PAULSEN, WILLIAM F
STREET ADDRESS 212 S TRYON ST - SUITE 500
CITY-ST-ZIP CHARLOTTE NC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 309 E Morehead St., Suite 200
CITY-ST-ZIP Charlotte NC 28202 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS Same as above
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Melissa C. Norman Melissa C. Norman

2/1/01

704 334 3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)