

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90115 024 \*\*\*150.00

**DOCUMENT # H79813**

1. Entity Name

**WILLIAMS, SMITH & SUMMERS, P.A.**

Principal Place of Business

**380 W ALFRED ST  
TAVARES FL 32778**

Mailing Address

**380 W ALFRED ST  
TAVARES FL 32778**

**830777**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2602538**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SUMMERS, GARY L.  
380 W. ALFRED ST  
TAVARES FL 32778**

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, 2002 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

**DVT  
WILLIAMS, ROBERT O.  
5233 BANANA POINT DRIVE  
OKAHUMPKA FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
SMITH, CHRISTOPHER J.  
34034 PARK LANE  
LEESBURG FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DS  
SUMMERS, GARY L.  
34028 PARK LANE  
LEESBURG FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

*Gary L. Summers*

Gary L. Summers

02/21/02

(352) 343-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)