

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K86674**

1. Entity Name

SUMMIT CONTRACTORS, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90021 040 ***150.00

Principal Place of Business

Mailing Address

6877 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256
US6877 PHILLIPS INDUSTRIAL BLVD
JACKSONVILLE FL 32256-3029
US

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 **59-2947787**Applied For
Not Applicable5. 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

~~HEDRICK, DEWBERRY & REGAN, P.A.~~
~~50 N. LAURA STREET~~
~~SUITE 2225~~
~~JACKSONVILLE FL 32202~~

Name

Richard J. Longo

Street Address (P.O. Box Number is Not Acceptable)

6877 Phillips Industrial Boulevard

City

Jacksonville**FL**Zip Code
32256

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 reinstalling)

01-07-00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FLECKENSTEIN, ROBERT L**
STREET ADDRESS **2604 TACITO TRAIL**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE **D** ☐ Delete
NAME **BOATWRIGHT, MAYLON D**
STREET ADDRESS **11620 LOIS CROSS DR**
CITY-ST-ZIP **JACKSONVILLE FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIP

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:**Robert L. Fleckenstein**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01-04-00**

Date

904-268-5500

Daytime Phone #