

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90083 011 \*\*\*150.00

**DOCUMENT # K86674**

1. Entity Name  
**SUMMIT CONTRACTORS, INC.**



Principal Place of Business  
**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE FL 32256  
US**



☐ CHECK HERE IF MAKING CHANGES

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 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

**LONGO, RICHARD J  
6877 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE FL 32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLECKENSTEIN, ROBERT L 2604 TACITO TRAIL JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOATWRIGHT, MAYLON D 11620 LOIS CROSS DR JACKSONVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO SOWDERS, PAUL D 6877 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP ROBINSON, MTTHEW G 6877 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SHAFER, JOH R 6877 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GAMMON, STEPHEN R 6877 PHILLIPS INDUSTRIAL BLVD JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert L. Fleckenstein**

01-09-03

904-268-5500

**President & Director**

Daytime Phone #

CR2E034 (10/02)

Attachment  
K86674

LIST OF ADDITIONAL OFFICERS: X ADDITION

70008890

Title: VP/CFO  
Name: LONGO, RICHARD J.  
Street Address: 6877 PHILLIPS INDUSTRIAL BLVD.  
City-St-ZIP: JACKSONVILLE, FL 32256

Title: VP  
Name: RENEAU, WILLIAM E.  
Street Address: 6877 PHILLIPS INDUSTRIAL BLVD.  
City-St-ZIP: JACKSONVILLE, FL 32256

Title: VP  
Name: GRACE, HOWARD  
Street Address: 6877 PHILLIPS INDUSTRIAL BLVD.  
City-St-ZIP: JACKSONVILLE, FL 32256

Title: VP, GEN.COUNSEL  
Name: DAVENPORT, HUGH M.  
Street Address: 6877 PHILLIPS INDUSTRIAL BLVD.  
City-St-ZIP: JACKSONVILLE, FL 32256

Title: VP  
Name: CORNELIUS, BERNARD R.  
Street Address: 6877 PHILLIPS INDUSTRIAL BLVD.  
City-St-ZIP: JACKSONVILLE, FL 32256