

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90382 010 \*\*\*158.75

**DOCUMENT # K91813**

**1. Entity Name**  
**SUMMIT DEVELOPMENT CORPORATION**



**Principal Place of Business**  
7102 N 43RD AVE  
GLENDALE AZ 85301  
US

**Mailing Address**  
7102 N 43RD AVE  
GLENDALE AZ 85301  
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** 59-2949284

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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. 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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRISBY, MICHAEL J.	
STREET ADDRESS	7102 N 43RD AVE	
CITY-ST-ZIP	GLENDALE AZ 85301-2906	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KNAUER, SUSAN M.	
STREET ADDRESS	7102 N 43RD AVE	
CITY-ST-ZIP	GLENDALE AZ	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPUDIS, ERLINE	
STREET ADDRESS	1618 SUNSET CIR	
CITY-ST-ZIP	APLPHA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOMEZ, LINDA G.	
STREET ADDRESS	7102 N 43RD AVE	
CITY-ST-ZIP	GLENDALE AZ 85301-2906	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRISBY, HOWARD	
STREET ADDRESS	7102 N 43 AVE	
CITY-ST-ZIP	GLENDALE AZ	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRISBY, JAMES C	
STREET ADDRESS	998 W BEACH BLVD	
CITY-ST-ZIP	LONG BEACH MS 39560	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

Date

Daytime Phone #

SUSAN M. KNAUER  
29/03 623-245-2225

CR2E034 (10/02)