

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90271 027 ****50.00

DOCUMENT # L00000006008

1. Entity Name

SUMMIT DEVELOPMENT, L.L.C.

Principal Place of Business

**191 COQUILLE WAY
 VERO BEACH FL 32963**

Mailing Address

**191 COQUILLE WAY
 VERO BEACH FL 32963**

904304

2. Principal Place of Business

111 Dove Plum Rd.

3. Mailing Address

111 Dove Plum Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

Vero Beach FL

Zip

32963

Country

Zip

32963

Country

4. FEI Number

59-3648703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BECKER, PAUL
 191 COQUILLE WAY
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name

Paul Becker

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

111 Dove Plum Rd.

City

Vero Beach

FL

Zip Code

32963

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

Paul A. Becker

4/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BECKER, PAUL
 191 COQUILLE WAY
 VERO BEACH FL 32963** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 BECKER, PAUL
 111 DOVE PLUM RD.
 VERO BEACH FL 32963** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Paul A. Becker

4/26/02 772 234 3962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)