

2000 UNIFORM BUSINESS REPORT (UBR)

0017809 SP

DOCUMENT # L98000000975

1. Entity Name
SUMMIT BUILDING & DESIGN, L.L.C.

APPROVED
AND
FILED

00 MAR 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7522 WILES ROAD, SUITE 108
CORAL SPRINGS FL 33067

Mailing Address
13860-12 WELLINGTON TR
#506
WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2301 W. SAMPLE ROAD

Suite, Apt. #, etc.

BLO65 SUITE 7C

City & State

POMPANO BEACH, FL

Zip

33073

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SUMMIT BUILDING & DESIGN, INC.
7522 WILES ROAD, SUITE 108
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

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

2301 W. SAMPLE ROAD

BLO65 SUITE 7C

City

POMPANO BEACH,

FL

Zip Code

33073

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR
NAME SUMMIT BUILDING & DESIGN, INC.
STREET ADDRESS 7522 WILES ROAD, SUITE 108
CITY- ST- ZIP CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/22/00 954-341-1503

CR2E083 (9/99)