

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032449 SP

DOCUMENT # **L98000000975**

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

FILED

01 APR 27 PM 6:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2301 WEST SAMPLE ROAD, BLDG. S, STE. 7C  
POMPANO BEACH FL 33073**

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

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**MJH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUMMIT BUILDING & DESIGN, INC.  
2301 WEST SAMPLE ROAD, BLDG. S, STE. 7C  
POMPANO BEACH FL 33073**

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.

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

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete  
NAME **SUMMIT BUILDING & DESIGN, INC.**  
STREET ADDRESS **2301 WEST SAMPLE ROAD, BLDG. S, STE. 7C**  
CITY-ST-ZIP **POMPANO BEACH FL 33073**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/24/01

954-935-0835

CR2E083 (11/00)