

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002015

1. Entity Name

SUMMIT DESIGN GROUP, LLC

Principal Place of Business

NEPTUNE OAKS PROFESSIONAL PARK
804 3RD STREET SUITE C
NEPTUNE BEACH FL 32266

Mailing Address

NEPTUNE OAKS PROFESSIONAL PARK
804 3RD STREET SUITE C
NEPTUNE BEACH FL 32266-5062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

370 Osceola Ave.
Suite, Apt. #, etc.

3. Mailing Address

370 Osceola Ave.
Suite, Apt. #, etc.

City & State

JACKSONVILLE Beach, FL

City & State

JACKSONVILLE Beach, FL

4. FEI Number

59-3466611

Applied For

Not Applicable

Zip

32250

Country

USA (DUVIA)

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, DAVID
NEPTUNE OAKS PROFESSIONAL PARK
804 3RD STREET SUITE C
NEPTUNE BEACH FL 32266

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.

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 NAME STREET ADDRESS CITY-ST-ZIP
MGRM HATCH, DOUGLAS K 60 MAIN STREET SUITE 401 DEEP RIVER CT 06417 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
100003275351--8
-05/02/00--01090--003
*****50.00 *****50.00

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
DOUGLAS K. HATCH

Date

Daytime Phone #

4/15/00

CR25083/000