

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90004 030 ****50.00

DOCUMENT # M02000002963

1. Entity Name

SUMMIT STRUCTURES LLC



Principal Place of Business

**3815 WANUSKEWIN ROAD
SASKATOON SASKATCHEWAN S7P1A4**

Mailing Address

**3815 WANUSKEWIN ROAD
SASKATOON SASKATCHEWAN S7P1A**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6301 NORTH MAIN

Suite, Apt. #, etc.

6301 NORTH MAIN

City & State

CENTRE VALLEY P.A

City & State

CENTRE VALLEY PA

Zip

18034

Country

USA

Zip

18034

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-3054501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARD,SHIRLEY & HARTMAN, P.A.
207 WEST PARK AVENUE STE. B
TALLAHASSEE FL 32301**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CLARK, NORMAN**
STREET ADDRESS **118, 515 MCWILLIE AVE**
CITY-ST-ZIP **SASKATOON SK S7S 1K8**

TITLE **MGR** ☐ Delete
NAME **WILLIAMS, JEFF**
STREET ADDRESS **1816 MAJOR STREET**
CITY-ST-ZIP **BETHLEHEM PA 18017**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **mbr** ☐ Change ☒ Addition
NAME **NATHAN STORBE**
STREET ADDRESS **3815 WANUSKEWIN ROAD**
CITY-ST-ZIP **SASKATOON SASKATCHEWAN S7P 1A4**

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

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

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TITLE ☐ Change ☐ Addition
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

JAN 30, 2003

306-6641781

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

Date

Daytime Phone #

CR2E083 (10/02)