

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000653

1. Entity Name

SUMMIT MISSIONS INC

6

FILED
Jul 05, 2001 8:00 am
Secretary of State

06-14-2001 90007 043 ****61.25

Principal Place of Business

1507 E. BURGESS/H
PENSACOLA FL 32504

Mailing Address

1507 E. BURGESS/H
PENSACOLA FL 32504

2. Principal Place of Business

419 YORK ST
Suite, Apt. #, etc.

3. Mailing Address

419 YORK ST
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

4. FEI Number

84-1306421

Applied For

Not Applicable

Zip

32561

Country

USA

Zip

32561

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, JOE
1507 E. BURGESS/H
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name JOE B. ROBERTS

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

419 YORK ST

City

GULF BREEZE

FL

Zip Code

32561

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

JOE B. ROBERTS

20 APR 01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

ALL SAME
NO CHANGE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

DIRECTOR
JOE B. ROBERTS
419 YORK
GULF BREEZE FL 32561
TREASURER
SHARON K. ALM MURRIAN
111 S. BAYLEN
PENSACOLA FL 32501
SECRETARY
EVA DINE BROOSKI
PO BOX 3040
PENSACOLA FL 32510-3040

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

JOE B. ROBERTS

20 APR 01 850 916 088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #