

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045375

1. Entity Name
SUMMERFIELD HOMES, INC.



FILED

03 APR 29 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4724 LAKE CALABAY DR.

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL

City & State

4. FEI Number
59-3716163

Applied For
Not Applicable

Zip 32837 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
NICK GRILLO

Street Address (P.O. Box Number is Not Acceptable)
4724 LAKE CALABAY DRIVE

City
ORLANDO

FL

Zip Code
32837

9. 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

APR 23 2003

January 15 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NICK GRILLO
4724 LAKE CALABAY DR.
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
SUSAN GRILLO
SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
DELL BULTEMEIER
115 COUNTRYSIDE DR.
LONGWOOD, FL 32779

TITLE
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CITY-ST-ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 2003 (407) 855-5333

Date

Daytime Phone #

CR2E034B (12/02)

9/29/20