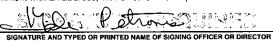
FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100060538 1. Entity Name SUM-GAL PROPERTIES, INC.						Jan 24, 2002 8:00 am Secretary of State 01-24-2002 90208 020 ***150.00	
Principal Place of Business 1625 W. PRINCETON ST. ORLANDO FL 32804-4815			Mailing Address 1625 W. PRINCETON ST. ORLANDO FL 32804-4815				
2. Principal Place of Business			3. Mailing Address			i (BBITOBL SIL BBIB) HOLL BBILL BBILL BBILL BBILL BBILL BBILL BBILL BLICK IND.	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State		4. F	Applied For Not Applicable	
Zip		Country	Zip	Country		Certificate of Status Desired Sa.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				N	7. Name and Address of New Registered Agent		
SIERRA, MONIČA L 703 W. SWANN AVE. TAMPA FL 33606				Name Street A	Street Address (P.O. Box Number is Not Acceptable)		
17M1 7 1 F 20000				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							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11. OFFICERS AND				12.		I DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS		mann ave.	Delete	TITLE NAME STREET ADDRESS	1. 00	PETRONIS W. Princeton St	
CITY-ST-ZIP TITLE NAME	TAMPA F	L 33606	☐ Delete	TITLE NAME	OKUN!	NDO P1 328 OC	
STREET ADORESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	1625	mer Rodman W Princeton St Jando El 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



1-17-02

Daytirne

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