## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**



FILED
Mar 12, 2003 8:00 am
Secretary of State

1. Entity Name SUMMIT CONSTRUCTION OF S.W. FLORIDA, INC.					03-12-2003 90079 023 ***150.00			
Principal Place of Business 10259 SANDY HOLLOW LANE BONITA SPRINGS FL 34135  Mailing Address 10259 SANDY HOLLOW LANE BONITA SPRINGS FL 34135								
2. Principal Place of Business 16631 Willow Point Court 16631 Willow Point Suite, Apt. #, etc.  3. Mailing Address 16631 Willow Point Suite, Apt. #, etc.				<u> </u>	CHECK HERE IF MAKIN			
City & Sta	te E/	City & State		4.	. FEI Number 65-1153346	A	oplied For	]
3392	Country	ALVA, FL	Country	5.	Certificate of Status Desired	\$8.75 Add		
3310	6. Name and Address of Current R	33-92-0	USA -		Name and Address of New Registered	-Fee Require	od	1
MIRABILE, JOHN J 10259 SANDY HOLLOW LANE BONITA SPRINGS FL 34135				Mirab ddress (P.O. 63/ w	Box Number is Not Acceptable)			1
	- वर इं		City	ALV	A FI	Zip Cod	e o	
8. The above	e named entity submits this statement for tions of registered agent.	he purpose of changing its re	L egistered office or		gent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Synature, typed or printed name of registered agent and	- Pres	iden + Registered Agent signati	ure required when	3//0	103		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					9. Election Campaign Financing Trust Fund Contribution.  [		0 May Be to Fees	
10.	OFFICERS AND D	RECTORS	11,		DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mirabile, John J 10259 Sandy Hollow Lane Bonita Springs FL 34135	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MIRAB 16631 ALVA	ILE, JOHN J WILLOW POINT COURT FL 33920	Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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	!
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-7IP	, , , , , , , , , , , , , , , , , , ,	196-17-1-1-1	☐ Change	☐ Addition	

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

CITY-ST-ZIP

**SIGNATURE:** 

J. Mirabile

239-940-0011 Daytime Phone #