

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90375 033 \*\*\*150.00

**DOCUMENT # P01000111184**

1. Entity Name

**SUMES SUPPORT SERVICES, INC.**

Principal Place of Business

**8090 ATKANTIC BLVD. APT A-19  
 JACKSONVILLE FL 32211**

Mailing Address

**8090 ATKANTIC BLVD. APT A-19  
 JACKSONVILLE FL 32211**

2. Principal Place of Business

**8090 ATLANTIC Blvd.**

3. Mailing Address

**P.O. Box 19636**

Suite, Apt. #, etc.

**# A19**

Suite, Apt. #, etc.

**JACKSONVILLE FL.**

City & State

**JACKSONVILLE FL.**

**32211 Duval 32245 Duval**

**32211 Duval 32245 Duval**

4. FEI Number

**59-3753562**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SUMES, CHRISTINE T  
 8090 ATKANTIC BLVD, APT A-19  
 JACKSONVILLE FL 32211**

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.

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

**D SUMES, CHRISTINE T** ☐ Delete  
**8090 ATKANTIC BLVD, APT A-19**  
**JACKSONVILLE FL 32211**

**D SUMES, JOSEPH W** ☐ Delete  
**8090 ATKANTIC BLVD, APT A-19**  
**JACKSONVILLE FL 32211**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

**Joseph W. Sumes**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-5-02**

**904-736-0220**

CR2E034 (9/01)

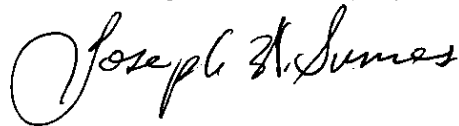
Attachment # PO1000111184 BOLANIS

**SUMES SUPPORT SERVICES**  
**8090 ATLANTIC BLVD.**  
**#A-19**  
**JACKSONVILLE FL. 32211**

To whom it may concern,

We have received the Uniform Business Report late because it had the wrong address printed on it. The address printed on it was (8090 Atkantic Blvd.), the actual address should have been (8090 Atlantic Blvd.). We have decided to get a post office box in hopes of eliminating this problem in the future. Thank you for your help and consideration in this matter.

Thank you  
Joseph W. Sumes (VP)

A handwritten signature in cursive script that reads "Joseph W. Sumes". The signature is written in dark ink and is positioned below the typed name.