

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 023 ***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
**PO BOX 19636
JACKSONVILLE FL 32245**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1447 Palm Lane
Suite, Apt. #, etc.

3. Mailing Address
PO. Box 19636
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32216
Country
DUVAL

City & State
JACKSONVILLE FL.
Zip
32245
Country
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
Sumes, Christine T.
Street Address (P.O. Box Number is Not Acceptable)
1447 PALM LANE
City
JACKSONVILLE FL Zip Code
32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Christine T. Sumes**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-19-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D SUMES, CHRISTINE T 8090 ATKANTIC BLVD, APT A-19 JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMES, JOSEPH W 8090 ATKANTIC BLVD, APT A-19 JACKSONVILLE FL 32211	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sumes, Christine T. 1447 PALM LANE JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sumes, Joseph W. 1447 PALM LANE JACKSONVILLE FL 32216	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Christine T. Sumes** **3-19-03** **904-725-4069**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)