

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90015 005 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P01000118530**

1. Entity Name  
**SUMMERFIELD CORPORATION**

Principal Place of Business

PO BOX 5504  
 SPRING HILL FL 34611-5504

Mailing Address

PO BOX 5504  
 SPRING HILL FL 34611-5504

2. Principal Place of Business

**7245 FOREST OAKS BLVD**

3. Mailing Address

**P.O. Box 5504**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SPRING HILL, FL**

City & State

**SPRING HILL**

4. FEI Number

**22-3850312**

Applied For

Not Applicable

Zip

**34606**

Country

**HERNANDO**

Zip

**34611-5504**

Country

**HERNANDO**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SISSON, LARRY**  
**218 SOUTHERN COUNTRY LN.**  
**QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

**CANDACE L. STANISH**

Street Address (P.O. Box Number is Not Acceptable)

**7424 APACHE TRAIL**

City

**SPRING HILL**

FL

Zip Code

**34606**

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 **Candace L. Stanish** **CANDACE L. STANISH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/20/02**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STANISH, MARK	
STREET ADDRESS	7424 APACHE TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STANISH, CANDACE	
STREET ADDRESS	7424 APACHE TRAIL	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADISE, JEFFREY	
STREET ADDRESS	38 JEFFERSON ST.	
CITY-ST-ZIP	LACONIA NH 03246	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARADISE, MAURICE	
STREET ADDRESS	10 PARADISE DR.	
CITY-ST-ZIP	LACONIA NH 03246	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARADISE, BERNICE	
STREET ADDRESS	10 PARADISE DR.	
CITY-ST-ZIP	LACONIA NH 03246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Bernice Paradise Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**BERNICE PARADISE**

**2/20/02 (603)528-1313**

Date

Daytime Phone #

CR2E034 (9/01)