

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000009894

1. Entity Name
SUZANNE FANNON SUMMERLIN, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -9 AM 8:51

Principal Place of Business
2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32309

Mailing Address
2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32309



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
90-0015927

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMMERLIN, SUZANNE F
2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32309

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SUMMERLIN, SUZANNE F
2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000021649450
07/18/03--01079--037 **150.00 ☐ Change ☐ Addition

TITLE
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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2/2

LAW OFFICES OF
SUZANNE FANNON SUMMERLIN, P.A.

2536 CAPITAL MEDICAL BOULEVARD
TALLAHASSEE, FLORIDA 32309

TELEPHONE (850) 656-2288
TELECOPIER (850) 656-5589

July 7, 2003

Mr. Andy Dunlap
Document Specialist Supervisor
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

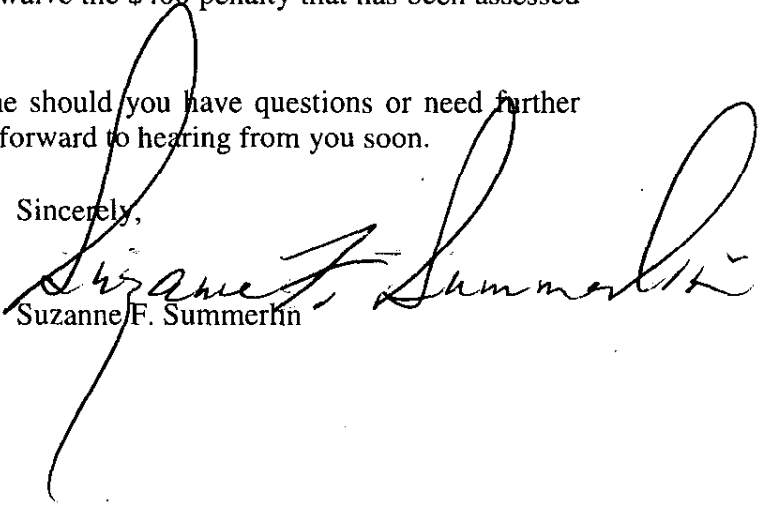
RE: SUZANNE FANNON SUMMERLIN, P.A.
Ref #: P02000009894

Dear Mr. Dunlap:

Enclosed, please find the completed 2003 Uniform Business Report (UBR) for the above referenced business. This original document was not received by me until June 20, 2003. Therefore, I am requesting that you waive the \$400 penalty that has been assessed to the above referenced account.

Please do not hesitate to contact me should you have questions or need further information. Thank you in advance, I look forward to hearing from you soon.

Sincerely,



Suzanne F. Summerlin

SFS/sbh

Enclosure: 2003 UBR
Check for \$150 payable to Division of Corporations