

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-24-2003 90637 006 \*\*\*150.00

**DOCUMENT # P02000026600**

1. Entity Name  
**SUMMIT MANAGEMENT INTERNATIONAL SERVICES, INC.**



Principal Place of Business  
**7618 PISARRO DRIVE  
SUITE 203  
ORLANDO, FL 32819**

Mailing Address  
**7618 PISARRO DRIVE  
SUITE 203  
ORLANDO, FL 32819**

2. Principal Place of Business  
**10029 Brightfield Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 692413**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number  
**74-3024712**

Applied For  
☐ Not Applicable

Zip

Country

**32821**

**USA**

Zip

Country

**32869-2413**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAROTTA, JESSE  
7618 PISARRO DRIVE  
SUITE 203  
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **Jesse Marotta**  
Street Address (P.O. Box Number is Not Acceptable)  
**7289 Mardell Ct**

City **Orlando** FL Zip Code **32835**

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

**P/D**  
(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D Jesse Marotta 7289 Mardell Ct Orlando, FL 32835</b>	<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
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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: **Jesse Marotta** **P/D** **3/19/03** **407-299-5612**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)