

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90178 035 \*\*\*150.00

**DOCUMENT # P02000027758**

1. Entity Name

Summerfield Realty Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7245 Forest Oaks Boulevard

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 5504

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Spring Hill, Florida

City & State

Spring Hill, Florida

4. FEI Number

22-3850312

Applied For

Not Applicable

Zip  
34606

Country  
US

Zip  
34611-5504

Country  
US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Bernice Paradise**

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

7245 Forest Oaks Boulevard

City **Spring Hill,**

**FL**

Zip Code  
**34606**

**DO NOT WRITE  
IN THIS SPACE**

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)

March 5, 2003

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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	<b>P</b> Bernice J. Paradise 4287 Azora Road Spring Hill, Florida 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> Maurice J. Paradise 4287 Azora Road Spring Hill, Florida 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> Bernice J. Paradise 4287 Azora Road Spring Hill, Florida 34608	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Jeffrey S. Paradise 36 Jefferson Street Laconia, New Hampshire 03246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernice J. Paradise*

Bernice J. Paradise

March 5, 2003 (352)688-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)