

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90093 004 \*\*\*150.00

**DOCUMENT # P02000090972**



1. Entity Name  
**JOSEPH SUMASKY, INC.**

Principal Place of Business  
**800 DESOTO AVE  
LEHIGH ACRES FL 33936**

Mailing Address  
**800 DESOTO AVE  
LEHIGH ACRES FL 33936**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**050527561**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LARROW, PAUL L  
3501-302 DEL PARDO BLVD  
CAPE CORAL FL 33904**

Name **Larrow, Paul L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3501-312 Del Pardo Blvd.**  
City **Cape Coral** FL Zip Code **33904**

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]* **PAUL L. LARROW** DATE: **01/16/2003**

**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  Delete  
NAME **D SUMASKY, JOSEPH**  
STREET ADDRESS **800 DESOTO AVE**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE  Change  Addition  
NAME **D, V, P, ST. Sumasky, Joseph**  
STREET ADDRESS **800 Desoto Ave.**  
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3-25-03** (239)369-3062  
Daytime Phone #

CR2E034 (10/02)