

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90121 038 ***150.00

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DOCUMENT # P02000102594

1. Entity Name
SUMMERWOOD DEVELOPMENT CORPORATION



Principal Place of Business
575 S. WICKHAM ROAD
SUITE E
MELBOURNE FL 32904

Mailing Address
575 S. WICKHAM ROAD
SUITE E
MELBOURNE FL 32904



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

☒ **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

DETTMER, DALE A
304 S. HARBOR CITY BOULEVARD
SUITE 201
MELBOURNE FL 32901

Name
COY A. CLARK
Street Address (P.O. Box Number is Not Acceptable)
575 S. WICKHAM ROAD
W MELBOURNE
City
FL **Zip Code**
32904

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 Coy A. Clark
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CLARK, COY A
575 S. WICKHAM ROAD
MELBOURNE FL 32904 ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ **Change** ☐ **Addition**

TITLE
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CITY-ST-ZIP ☐ **Delete**

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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: Coy A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 321 723 988F
Date Daytime Phone #

CR2E034 (10/02)