

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29534

1. Entity Name

SUMMUM, INC.

Principal Place of Business

707 GENESEE AVENUE
SALT LAKE CITY UT 84104

Mailing Address

707 GENESEE AVENUE
SALT LAKE CITY UT 84104

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

51-0183572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEW, JOHN A.
7516 ROSEVELT STREET
HOLLYWOOD FL 33024

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RA, S.B. AMON
STREET ADDRESS 707 GENESEE AVENUE
CITY-ST-ZIP SALT LAKE CITY UT 84104 ☐ Delete

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

TITLE D
NAME CHEW, JOHN A
STREET ADDRESS 7516 ROSEVELT ST.
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

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

TITLE CD
NAME RA, SB SHE
STREET ADDRESS 707 GENESEE AVENUE
CITY-ST-ZIP SALT LAKE CITY UT 84104 ☐ Delete

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

TITLE CSD
NAME MENU, S. B. NEFFER
STREET ADDRESS 707 GENESEE AVENUE
CITY-ST-ZIP SALT LAKE CITY UT 84104 ☐ Delete

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

TITLE CD
NAME AUA, S.B. ANY
STREET ADDRESS 707 GENESEE AVENUE
CITY-ST-ZIP SALT LAKE CITY UT 84104 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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 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 617, 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: *S.B. Neffer* MENU, S.B. NEFFER Menu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02 801-355-0137



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)