

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014976

1. Entity Name  
SUMMETRO, INC.

Principal Place of Business  
6500 METRO WEST BLVD  
ORLANDO FL 32835  
US

Mailing Address  
7575 DR PHILLIPS BLVD  
STE 305  
ORLANDO FL 32819  
US

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 59-3167056

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.  
390 N. ORANGE AVE  
STE 1100  
ORLANDO FL 32801

Name  
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.  
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME BROWN, C D II  
STREET ADDRESS 390 N. ORANGE AVE SUITE 1100  
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE  
NAME BROWN, C. DAVID II ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME ROSEN, ROBERT T  
STREET ADDRESS 390 NO ORANGE AVE STE 1100  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE V  
NAME ALLIGOOD, RANDAL M.  
STREET ADDRESS 390 NO ORANGE AVE. STE 1100  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ST  
NAME MYERS, JANICE  
STREET ADDRESS 390 NO ORANGE AVE. STE 1100  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE  
NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP ORLANDO, FL 32801

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)