

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90047 030 ***150.00

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

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 _____ (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, 2002 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** ☐ Delete
NAME **BROWN, C. DAVID II**
STREET ADDRESS **390 N. ORANGE AVE SUITE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **P** ☒ Change ☐ Addition
NAME **BROWN, C. DAVID II**
STREET ADDRESS **390 N. ORANGE AVE, SUITE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **VD** ☐ Delete
NAME **ROSEN, ROBERT T**
STREET ADDRESS **390 NO ORANGE AVE STE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☒ Change ☐ Addition
NAME **ROSEN, ROBERT T**
STREET ADDRESS **390 N. ORANGE AVE, SUITE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **V** ☐ Delete
NAME **ALLIGOOD, RANDAL M**
STREET ADDRESS **390 NO ORANGE AVE. STE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **ST** ☐ Delete
NAME **MYERS, JANICE**
STREET ADDRESS **390 NO ORANGE AVE. STE 1100**
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **ASSAF, ASSAF H**
STREET ADDRESS **7575 DR Phillips Blvd, STE 305**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Robert T. Rosen **ROBERT T. ROSEN, Vice President 2/20/02 (407) 899-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)