

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90067 041 ***150.00

**2003 FOR PROFIT CORPORATION
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**

10090759



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**390 N. Orange Ave.
Suite, Apt. #, etc.
Suite 1100**

3. Mailing Address
**390 N. Orange Ave.
Suite, Apt. #, etc.
Suite 1100**

City & State
Orlando, FL
Zip
32801

Country

City & State
Orlando, FL
Zip
32801

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$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

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

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

TITLE **D** ☒ Delete
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Ibrahim, Khalid I. Al**
STREET ADDRESS **7575 Dr. Phillips Blvd., Suite 305**
CITY-ST-ZIP **Orlando, FL 32819**

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. David Brown, II, President

4/23/03

Date

407-839-4200

Daytime Phone #

CR2E034 (10/02)

Attachment

10090759

P93000014976

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PH: (850) 668-4318 FX: (850) 668-3398

DATE: 04-29-03

ACCOUNT NO:

~~10090759~~

AUTHORIZATION: ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORT FILING

NAME: SUMMETRO, INC.

SPECIAL INSTRUCTIONS:

RECEIVED
03 APR 29 AM 11:22
STATE
DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA