


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90143 006 ***150.00

DOCUMENT # **P94000067827**

1. Entity Name
CARL SUMNER INVESTIGATIONS, INC.



Principal Place of Business
**2106 SEAMAN RD
TAMPA FL 33612
US**

Mailing Address
**PO BOX 271111
TAMPA FL 33688
US**



2. Principal Place of Business
4292 RIVER ST
Suite, Apt. #, etc.

3. Mailing Address
4292 RIVER ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAMONT FL

City & State
LAMONT FL

4. FEI Number **59-3271616**

Applied For
 Not Applicable

Zip
32336

Country
TAYLOR

Zip
32336

Country
TAYLOR

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SUMNER, CARL
2106 SEAMAN RD
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name
CARL SUMNER

Street Address (P.O. Box Number is Not Acceptable)
4292 RIVER ST

City
LAMONT

FL Zip Code
32336

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 *Carl E. Sumner, Jr.* DATE 4-6-03

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, CARL 2106 SEAMAN RD TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, VIRGINIA 2106 SEAMAN RD TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUMNER, VIRGINIA 2106 SEAMAN RD TAMPA FL 33612	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL SUMNER 4292 RIVER ST LAMONT FL 32336	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA SUMNER 4292 RIVER ST. LAMONT FL 32336	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRGINIA SUMNER 4292 RIVER ST LAMONT FL 32336	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Carl E. Sumner, Jr.* DATE 4-6-03 850-584-9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)