


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 Country
32336 TAYLOR

Zip Country
32336 TAYLOR

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

SUMNER, CARL
2106 SEAMAN RD
TAMPA FL 33612

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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL SUMNER	
STREET ADDRESS	4292 RIVER ST	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA SUMNER	
STREET ADDRESS	4292 RIVER ST.	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA SUMNER	
STREET ADDRESS	4292 RIVER ST	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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)