

# 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.

**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**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

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

**Name**

**CARL SUMNER**  
**4292 RIVER ST**

**City**

**LAMONT**

**FL**

**Zip Code**

**32336**

**7. Name and Address of New Registered Agent**

**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.*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-6-03**

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARL E. SUMNER, JR. 4-6-03 850-584-9545**

**Date**

**Daytime Phone #**

CR2E034 (10/02)