

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069059

1. Entity Name

JAMES*SUMMERS AND ASSOCIATES, INC.

FILED

00 MAR 28 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3630 S. HOPKINS AVENUE
TITUSVILLE FL 32780

3630 S. HOPKINS AVENUE
TITUSVILLE FL 32780-5707

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

59-3327588

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, SHARON
1571 BLUEBERRY DRIVE
TITUSVILLE FL 32780

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

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

(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, 2000 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 ☐ Delete
NAME P
STREET ADDRESS SUMMERS, LESLIE
CITY-ST-ZIP 4160 HICKORY HILL BLVD
TITUSVILLE FL 32780

TITLE ☒ Change ☐ Addition
NAME SUMMERS-STOCKER, Leslie
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME JAMES, SHARON
STREET ADDRESS 1571 BLUEBERRY DRIVE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
NAME 4000003191564--4
STREET ADDRESS -03/31/00--01052--002
CITY-ST-ZIP ****200.00 ****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Leslie Summers-Stocker

Date

Daytime Phone #

3-20-00

321-
3684
8184

CR2E034 (9/99)

KE