

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90151 005 ***150.00

DOCUMENT # P96000003080

1. Entity Name
SUMMIT CONSTRUCTION, INC.

Principal Place of Business
4812-A SEATON CT.
TALLAHASSEE FL 32309

Mailing Address
4812-A SEATON CT.
TALLAHASSEE FL 32309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1049 SUMMERBROOKE DR.
 Suite, Apt. #, etc.

3. Mailing Address

1049 SUMMERBROOKE DR.
 Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

Zip
32312

Country
LEON

City & State
TALLAHASSEE, FL

Zip
32312

Country
LEON

4. FEI Number **59-3364362**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FEWELL, JOHN R III
1049 SUMMERBROOKE DRIVE
TALLAHASSEE FL 32312

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **P** ☐ Delete
 NAME **FEWELL, J R**
 STREET ADDRESS **1049 SUMMERBROOKE DR**
 CITY-ST-ZIP **TALL FL 32311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CR2E034 (4/02)

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

#P96000003080
125796

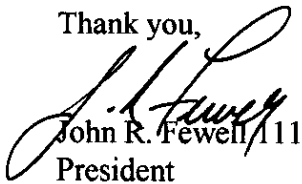


DATE: 09/18/02
TO: Department of State
RE: Uniform Business Report

To whom it may concern:

I did not receive the first notification to file the enclosed report. I have recently recovered from surgery and am now back at work. Please accept my payment of the original filing amount of \$150.00 as I was unaware of the File Fee until today.

Thank you,


John R. Fewell
President