2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SUMMIT CONSTRUCTION, INC.

P96000003080



FILED Aug 06, 2003 8:00 am Secretary of State 08-06-2003 90058 040 ***150.00

)	ļ.			
Principal Place of Business 1049 SUMMERBROOKE DR TALLAHASSEE FL 32312				Mailing Address 1049 SUMMERBROOKE DR TALLAHASSEE FL 32312						88) 1814 5 0H 1 18 1
2. Principal Place of Business				3. Mailing Address					1111 11111 1 1111 11	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State			City	City & State			4. 1	4. FEI Number 59-3364362 Applied For Not Applicable		
Zip	Country				try	5. (Certificate of Status Desired	\$8.75 Fee Requ		
	6. Name	and Address of Currer	t Register	ed Agent		7. Name and Address of New Registered Agent				
FEWELL, JOHN R III						Name				
1049 SUMMERBROOKE DRIVE						Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32312										
						City FL Zip			Zip C	ode
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 age	nt and title it app	olicable. (NOTE	: Registered	l Agent signature requ	uired when re	einstating) DA	TE .	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.	□ Ádd	.00 May Be ded to Fees
10. 1 1 .		OFFICERS AN	D DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P FEWELL, 1049 SUM TALL FL 3	imerbrooke dr		□ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chang	e 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP	. —			□ Delete				en an antenna en a an	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		- 1		-	☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS		Marine and		☐ Delete	TITLE NAME STREE	l l			☐ Chang	e 🗀 Addition

12. I hereby certify that the information supplied with this filling 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.

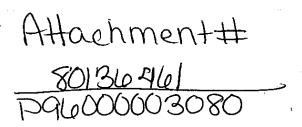
CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Date

Daytime Phone #





DATE:

08/04/03

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. My secretary and I parted ways after I had to let her go for not paying attention to just this sort of thing. I believe she purposely hid some files as a way of getting back at me. I found this report, among some other important papers, mixed up in a box of things she had intended to throw out. I would appreciate your consideration in this matter and apologize for the delay.

Thank you,

John R. Fewell 111

President