## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State P96000010962 DOCUMENT # 1. Entity Name SUMMERLAND, INC. 04-23-2002 90396 021 \*\*\*150.00 Principal Place of Business Mailing Address 126 RIVER VIEW DR 126 RIVER VIEW DR EAST PALATKA FL 32131 EAST PALATKA FL 32131 11. 2. Principal Place of Business 3. Mailing Address I'M River View D. 166 River View Dr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3362882 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32/3/ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLAND, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 126 RIVER VIEW DR EAST PALATKA FL 32131 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. Wilson nichal E. P. I and J. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (Sef criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F Change ☐ Addition Delete POLAND, RICHARD E JR NAME NAME STREET ADDRESS 126 RIVER VIEW DR STREET ADDRESS CITY-ST-ZIP EAST PALATKA FL 32131 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE POLAND, SOPHIA C NAME NAME STREET ADDRESS 126 RIVER VIEW DR STREET ADDRESS CITY-ST-7IP EAST PALATKA FL 32131 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME Sent of the Mante of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

(386) 385-6071

Daytime Phone