

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91313 044 ***150.00

DOCUMENT # P96000048261

1. Entity Name
SUMITCO INC.

Principal Place of Business
4011 54 AVE NO
ST PETERSBURG FL 33702

Mailing Address
PO BOX 61572
ST PETERSBURG FL 33784-1572
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 61572

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. Petersburg, FL

City & State

4. FEI Number
59-3380393

Applied For
 Not Applicable

Zip
33784

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARDOOK, MARK
4011 54 AVE NO
ST PETERSBURG FL 33714

Name **MARDOOK, MARK**
 Street Address (P.O. Box Number is Not Acceptable)
3437 NW. Blitchton Rd
 City **Ocala** **FL** Zip Code **34475**

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, 2002 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 **P** ☐ Delete
 NAME **MARDOOK, MARK**
 STREET ADDRESS **4011 54TH AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33714**

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

TITLE **V** ☐ Delete
 NAME **MARDOOK, KATHERIN**
 STREET ADDRESS **4011 54TH AVE N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33714**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 reports 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-02 (352) 732-0344

CR2E034 (9/01)