2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000071565** May 15, 2000 8:00 am Secretary of State 1. Entity Name SUMMERS OFFICE SERVICE, INC. 05-15-2000 90239 049 ***150.00 Principal Place of Business Mailing Address 5245 BIG PINE WAY 5245 BIG PINE WAY SUITE 101 FORT MYERS FL 33907-3989 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address 12711 World Plaza Lane 12711 World Plaza Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Building #81 Building #81 City & State 4. FEI Number Applied For City & State 65-0691236 Fort Myers, FL Not Applicable Fort Myers, FL Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u>339</u>07 33907 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUMMERS. CAROLE JEAN Street Address (P.O. Box Number is Not Acceptable) 12711 World Plaza Lane 5245 BIG PINE WAY SUITE 101 Building 81 FORT MYERS FL 33907 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. X Change Addition TITLE ☐ Delete TITLE Summers, Carole Jean SUMMERS. CAROLE JEAN NAME NAME 12711 World Plaza Lane, Building #81 STREET ADDRESS 5245 BIG PINE WAY, SUITE 101 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP Fort Myers, FL 33907 ☐ Change X Addition ☐ Delete TITLE V.P. & Director TITLE Summers, Robert L. NAME NAME 12711 World Plaza Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fort Myers, FL 33907 CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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: Law Summers

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

104/28/00

(941)278-3730

Daytime Phone #