

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091817

1. Entity Name
Sommer Traum

Principal Place of Business
1828 Golf Paradise Way
CLERMONT FL 34711
US

Mailing Address
1828 Golf Paradise Way
CLERMONT FL 34711
US

02 JAN 18 PM 2:24

2. Principal Place of Business

3. Mailing Address

13114 SKIING Paradise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

REINSTATEMENT DO NOT WRITE IN THIS SPACE

98-01

Zip

Country

Zip

Country

34711

USA

4. FEI Number

59-3475952

Applied For

Not Applicable

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

GRIMM, DENISE
13114 SKIING PARADISE BLVD
CLERMONT FL 34711

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jasmin Salzman
13114 SKIING Paradise Blvd.
CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DENISE Grimm
13114 SKIING Paradise Blvd.
CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition
300004884213-9
-02/07/02-01006-005
***1200.00 ***1200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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

Date

Daytime Phone #

DENISE Grimm

8-27-01

352-429-2178