

2001 UNIFORM BUSINESS REPORT (UBR)

3/5

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-05-2001 90290 043 ***150.00

DOCUMENT # P97000010111

1. Entity Name
SUMMIT FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
~~4200 MAHOGANY-RUN-SE~~ ~~4200 MAHOGANY-RUN-SE-~~
~~WINTER HAVEN-FL-33884~~ ~~WINTER HAVEN-FL-33884~~
 PO. Box 124
 Howey-in-the-Hills, FL 32737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 P O Box 124

City & State City & State
 Howey in the Hills FL

4. FEI Number **65-0733618** Applied For
 Not Applicable

Zip Country Zip Country
 32737 LAKE

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

6. Name and Address of Current Registered Agent
~~CLARK, E. JOHN-III~~
~~4200 MAHOGANY-RUN-SE~~ ~~PO Box 124~~
~~WINTER HAVEN-FL-33884~~
 5079 LATROBE DR. Howey in the Hills, FL
 WINDERMERE FL 34786 32737

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
(See criteria on back)

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	<input type="checkbox"/> Delete
NAME	CLARK, E. JOHN	
STREET ADDRESS	1113 N LAKESHORE BLVD	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 32737	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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 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: President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-01 352-360-8348
Date Daytime Phone #

CR2E034 (10/00)