

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000015884**

1. Entity Name
SUMMERCORP, INC.

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

04-24-2002 90332 014 ***150.00

Principal Place of Business

**5323 61ST AVENUE SOUTH
ST. PETERSBURG FL 33715
US**

Mailing Address

**P.O. BOX 10098
GREENSBORO NC 27404
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3432293

Applied For

Not Applicable

Zip

Country

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

**GLEIM, HOLGER D
150 SECOND AVENUE NORTH
SUITE 1100
ST PETERSBURG FL 33701**

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, 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 ☐ Delete
NAME **PDT**
STREET ADDRESS **SUMMERFORD, HAROLD C**
CITY-ST-ZIP **5323 61ST AVENUE SOUTH
ST. PETERSBURG FL 33715**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SUMMERFORD, ALLEN P.**
CITY-ST-ZIP **129 HORNIBLOW POINT RD
EDENTON NC 27932**

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

TITLE ☐ Delete
NAME **VS**
STREET ADDRESS **MELHEM, MICHAEL R.**
CITY-ST-ZIP **6400 WELLSTONE COURT
GREENSBORO NC 27410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 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:

M. Robert Melhem, V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
Date

336-931-0304
Daytime Phone #

CR2E034 (9/01)