2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000015884

1. Entity Name

SUMMERCORP, INC.



FILED Apr 15, 2003 8:00 am Secretary of State

04-15-2003 90089 033 ***150.00

			VE WE IT		
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			/C 0/1904 CO1901 (0446 D/O) 1000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· CHECK HERE IF MAKING	CHANGES -
City & State		City & State		4. FEI Number 59-3432293	Applied For Not Applicable
Zip	Country	Zip	Country		8.75 Additional ee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	jent
CLEBA UC	N CED D		Name	•	
GLEIM, HO 150 SECO	ND AVENUE NORTH		Street Address	(P.O. Box Number is Not Acceptable)	
SUITE 1100					
ST PETER	SBURG FL 33701	•	City	FL	Zip Code
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its r	egistered office or registe	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
پ F	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing	\$5.00 May Be
	Payable to Florida Department			Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 11
TITLE	PDT	☐ Delete	TITLE		☐ Change ☐ Addition
	SUMMERFORD, HAROLD C		NAME		-
	5323 61ST AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33715		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition ☐
NAME STREET ADDRESS	SUMMERFORD, ALLEN P. 129 HORNIBLOW POINT RD		NAME STREET ADDRESS		
CITY-ST-ZIP	EDENTON NC 27932		CITY-ST-ZIP	Section 1	- "
TITLE	VS VS	☐ Delete	TITLE		☐ Change ☐ Addition
	MELHEM, MICHAEL R.	Descte	NAME		
	6400 WELLSTONE COURT		STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC 27410		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		·	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME CTREET ADDRESS			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	,	□ Delete	TITLE		☐ Change ☐ Addition
NAME		H DOLOTO	NAME		
STREET ADDRESS		•	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
40 16	are an about the contract of the state of th	h this filing does not qualify for	the everenties stated in S	Poetion 110 07/2)/i) Florida Statutos I further certi	fu that the information

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mehaci K-Melling, Mindel R-Melling Signature and typed on printed name of signing officer or direct

1003 Date 336-282-3030

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CR2E034 (10/02