Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P97000051235 1. Entity Name SUMMIT SERVICES U.S.A., INC.				Secretary of State 02-14-2002 90067 021 ***150.00
Principal Place of Business 2470 EAGLE RUN WAY WESTON FL 3327 US		Mailing Address 2470 EAGLE RUN WAY WESTON FL 3327 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0759697 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
SANDERS, JOEL CPA- 556 STONEMONT LANE				(P.O. Box Number is Not Acceptable)
WESTON	FL 33326		1535	North Park Dave #103
			City west	FL Zig 3326
9. This corporate filling is	Signature, liped or frinted name of egistered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	d title if applicable. (NOTE:	Registered Agent signature require FEE IS \$150.00 Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be
(See criteria on back) Make Check Payable to [e to Department of St	
11.	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBEAU, ROLAND 2470 EAGLE RUN WAY WESTON FL 33327	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, NINA 2470 EAGLE RUN WAY WESTON FL 33327	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby of indicated of the corchanged.	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower, or on an attactment with an address, wi	nis filing does not qualify for true and accurate and that my vered to execute this report a thing other like impowered.	the exemption stated in S y signature shall have the s required by Chapter 60	section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 107, Florida Statutes; and that my name appears in Block 11 or Block 12 if