2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051235

1. Entity Name

SIGNATURE:

SUMMIT SERVICES U.S.A., INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90106 009 ***150.00

Daytime Phone #

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.		☐ CHECK HEF	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-075969	4. FEI Number 65-0759697 Applied For Not Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired		8.75 Ac	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Ac	ent	
SANDERS, JOEL CPA			-Name -	TO SERVE PROPERTY.	Company of the contract of the		
			Street Add	ress (P.O. Box Number is Not Acceptat	nle)		
	rth park drive						
#103							
WESTON	FL 33326		City			Zip Coc	
R The above	named entitute the state of the				FL		
the obligat	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office or re	gistered agent, or both, in the State of I	Florida. I am far	niliar with,	and accept
	#i						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	E: Registered Agent signature re				
		1	E. Hogistoloù Agent signatura n	adone o when reinstating)	DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign F Trust Fund Contribut		\$5.0 Added	00 May Be d to Fees
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE			Change	Addition
NAME	DUBEAU, ROLAND		NAME		_		
STREET ADDRESS CITY-ST-ZIP	2470 EAGLE RUN WAY WESTON FL 33327		STREET ADDRESS				}
TITLE	P		CITY-ST-ZIP				
NAME :	DUNN, NINA	☐ Delete	NAME] Change	☐ Addition
STREET ADDRESS	2470 EAGLE RUN WAY		STREET ADDRESS				
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP				
TITLE	7.0	Delete	TITLE			7 Change	
NAME	والحالة للمصح اليبيان السيمانيا	, 	NAME		ارار کهرومیک درمنهسمت ا	Change	Addition
STREET ADDRESS			STREET ADDRESS	•			-
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE] Change	Addition
NAME STREET ADDRESS			NAME			•	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				1
			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE] Change	☐ Addition
STREET ADDRESS	•		NAME STREET ADDRESS			` .	1
CITY-ST-ZIP			CITY-ST-ZIP				}
TITLE		Delete	TITLE	7.00		1 01	
NAME		Fin Delete	NAME		L) Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby co- indicated of of the corp changed, of	ertify that the information supplied with the on this report or supplemental report is to coration or the receiver or trusted empower on an attachment with an address, with	nis filing does not qualify for rue and accurate and that m rered to execute his report a that all after like empowered	the exemption stated in signature shall have to s required by Chapter	n Section 119.07(3)(i), Florida Statutes, the same legal effect as if made under 607, Florida Statutes; and that my nam	I further certify oath; that I am a e appears in Bl	that the in an officer o	formation or director Block 11 if

leanne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR