## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P97000092614

1. Entity Name

SUMMERS SERVICES, INC.



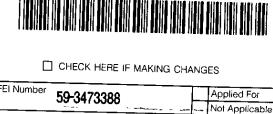
Principal Place of Business

Mailing Address

2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK FL 34731		2047 PINE RIDGE DAIRY ROAD FRUITLAND PARK FL 34731					
2. Princip	oal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc	<del></del> _				
City &	State				☐ CHECK HERE		
Zip		City & State	_		4. FEI Number 59-3473388		
Ζίμ	Country	Zip	Coun	try	5. Certificate of Status Desired		
	6. Name and Address of Cur	ent Registered Agent	<del>  </del>		7. Name and Address of New Re		
_` <sub>-</sub> 2047 P	ers, gregory a Yne Ridge Dairy Road And Park Fl 34731			Name Street Address (P.O. Box Number is Not Acceptable			
<u> </u>	<del></del>		ļ	City			
SIGNATUR	E Signature, typed or printed name of registered as	pent and title if applicable.			gistered agent, or both, in the State of Flori		
Make Che	FILE NOW!!! FEE IS \$150.00 ter May 1, 2003 Fee will be \$550.0 ck Payable to Florida Departmen	30 I			9. Election Campaign Finar Trust Fund Contribution.		
10. TITLE	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC		
NAME	SUMMERS, GREGORY A	☐ Delete	TITLE		- STOP OF INNIGER TO OFFIC		
STREET ADDRESS		n	NAME				

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90711 003 \*\*\*150.00



Fee Required egistered Agent

\$8.75 Additional

Zip Code da. I am familiar with, and accept

-		<b>t</b>			
İΑΤ	URE'	<u></u>			
		Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	 	
ï	CO.	<del></del>	and the registered Agent signature required when reinstating)	DATE	

ncing

\$5.00 May Be

		e j		1	irust i unu cuntingt	Jiion.	i∐ Ad∢	ded to Fees
10.	OFFICERS AND DIREC	CTORS	11.					
TITLE	P			ADD	ITIONS/CHANGES TO C	FFICERS,	AND DIRECTO	ORS IN 11
NAME	SUMMERS, GREGORY A	☐ Delete	TITLE				Chang	e
STREET ADDRESS			NAME				3	- E Macrion
CITY-ST-ZIP	FRUITLAND FL 34731		STREET ADDRESS		•			
TITLE	EVP		CITY-ST-ZIP					
NAME		Delete	TITLE					
STREET ADDRESS	SUMMERS, SANDY		NAME				☐ Change	Addition
CITY-ST-ZIP	I INE INDOE DAIN   NOAD		STREET ADDRESS					
	FRUITLAND PARK FL 34731		" CITY-ST-ZIP		to a to a control and the			
TITLE	VP	☐ Delete	TITLE					
NAME	PRATT, EARL		NAME				Change	Addition
STREET ADDRESS	2047 PINE RDIGE DAIRY ROAD		STREET ADDRESS					
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP					
TITLE	S	☐ Delete	<del></del>					
NAME	RUSSELL, JOYCE	□ Delete	TITLE				☐ Change	Addition
STREET ADDRESS	2047 PINE RIDGE DAIRY ROAD		NAME				- •	_
CITY-ST-ZIP	FRUITLAND PARK FL 34731		STREET ADDRESS					
TITLE	T	<del></del>	CITY-ST-ZIP	<del></del>				
NAME	SIMMERS, BRYAN	☐ Delete	TITLE				☐ Change	☐ Addition
STREET ADDRESS	2047 PINE RIDGE DAIRY RD		NAME				onlinge	Addition
	FRUITLAND PARK FL 34731		STREET ADDRESS					i
TITLE	THOREGIE PARK PE 34/31		CITY-ST-ZIP					i
NAME		☐ Delete	TITLE					
STREET ADDRESS		•	NAME				☐ Change	☐ Addition
CITY-ST-ZIP			STREET ADDRESS					
<del></del>			CITY-ST-ZIP					}
12. I hereby ce	ertify that the information supplied with this filing	does not qualify for the						1

Thereby 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Grugory A

CR2E034 (10/02)