

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90172 047 ***150.00

DOCUMENT # P98000033717

1. Entity Name
SUMMER NOEL, CORP.

Principal Place of Business 12760 INDIAN ROCKS RD #1060 LARGO FL 33774
Mailing Address 12760 INDIAN ROCKS RD #1060 LARGO FL 33774-2339

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

Barcode
DO NOT WRITE IN THIS SPACE
4. FEI Number 59-3509510 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HASKEL, LOUIS
415 S SAN REMO AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
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)
10. Election Campaign Financing Trust Fund Contribution.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
\$5.00 May Be Added to Fees

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes fields for Title, Name, Street Address, and City-ST-ZIP for multiple individuals.

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-28-00
Daytime Phone #: 727-518 7433