

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90218 035 \*\*\*150.00

0068824

**DOCUMENT # P98000033717**

1. Entity Name

**SUMMER NOEL, CORP.**

Principal Place of Business

Mailing Address

12760 INDIAN ROCKS RD #1060  
 LARGO FL 33774

12760 INDIAN ROCKS RD #1060  
 LARGO FL 33774

00063455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2323 Heron Cir

3. Mailing Address

2323 Heron Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater FL/A

City & State

Clearwater FL

4. FEI Number

59-3509510

Applied For

Not Applicable

Zip

33767

Country

Pinellas

Zip

33767

Country

Pinellas

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

Louis Hasdel

Street Address (P.O. Box Number is Not Acceptable)

415 S San Remo Ave

City

Clearwater

FL

Zip Code

33756

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

*John L Lewis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVST  Delete  
 NAME LEWIS, JOHN  
 STREET ADDRESS 12760 INDIAN RIVER ROCKS RD. # 1060  
 CITY-ST-ZIP LARGO FL 33774

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*John L Lewis COB*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)