

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033717

1. Entity Name

SUMMER NOEL, CORP.

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

05-10-2001 90218 035 ***150.00

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

00063455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2323 Heron Cir 2323 Heron Cir
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Clearwater FL/A Clearwater FL
Zip 33762 Country Pinellas Zip 33762 Country Pinellas

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 7. Name and Address of New Registered Agent
HASKEL, LOUIS Name Louis Haskel
415 S SAN REMO AVE Street Address (P.O. Box Number is Not Acceptable) 415 S San Remo Ave
CLEARWATER FL 33756 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 *[Signature]* (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. ☐ 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, JOHN		NAME		
STREET ADDRESS	12760 INDIAN RIVER ROCKS RD. # 1060		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33774		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)