

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000054804****1. Entity Name**
SUMMIT PRODUCTIONS, INC.**FILED**
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90008 029 ***150.00

0941920 AV

Principal Place of Business
4810 SW 170TH AVE
FORT LAUDERDALE FL 33331**Mailing Address**
4810 SW 170TH AVE
FORT LAUDERDALE FL 33331

80001822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0843930

Applied For

Not Applicable

Zip Country

Zip Country

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**FINANCIAL FOUNDATIONS, INC.
2843 THAXTON DRIVE #37
PALM HARBOR FL 34684

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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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** P ☐ Delete
NAME RHINEHART, ELIZABETH M
STREET ADDRESS 960 S.W. 111 AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33025**TITLE** VP ☐ Delete
NAME SULLIVAN, LISA
STREET ADDRESS 4810 SW 170 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33331**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 ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition**NAME**
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 954-434-3932

Date

Daytime Phone #