2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 20, 2001 8:00 am Secretary of State DOCUMENT # P98000061519 1. Entity Name SUMMIT STANDARD INC. 03-20-2001 90045 038 ***150.00 Principal Place of Business Mailing Address 7326 LAKE WORTH RD. 7326 LAKE WORTH RD. LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business 57 01 W. HOLLY WOUND BLUD 5701 W. HOLLY WOOD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0848006 HELLY WOOD HOLLY WOED Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33021 BROWARD Fee Required BROWINS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT A AADAL RATFIELD, LOUIS W Street Address (P.O. Box Number is Not Acceptable) 7326 LAKE WORTH RD. LAKE WORTH FL 33467 W. HOLLY WARD the purpose of changing its registered office or registered agent, or both, in the State of Florida. 3.14.01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE ☐ Change TITLE SCOTT A. AADAL RATFIELD, LOUIS W NAME NAME 5701 W. HOLLY WOUD BLUD 7126 LAKE WORTH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLY WOOD, EL CITY-ST-ZIP LAKE WORTH FL 32413 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not quality 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 Daytime Phone