

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # *P99000001669*  
1. Entry Name  
*Summit Financial of Tallahassee, Inc.*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG 19 PM 2:25

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2. Principal Place of Business  
*322 Beard St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*1049 Summerbrooke*  
Suite, Apt. #, etc.  
*Drive*

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City & State  
*Tallahassee FL*  
Zip  
*32303*  
Country  
*USA*

City & State  
*Tallahassee FL*  
Zip  
*32312*  
Country  
*USA*

4. FEI Number  
*#59-3549768*

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ *X*

\$8.75 Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name  
*Susan C. Fewell*

Street Address (P.O. Box Number is Not Acceptable)  
*1049 Summerbrooke Dr*

City  
*Tallahassee* FL Zip Code  
*32312*

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 *Susan C. Fewell* *Susan C. Fewell* *8/20/02*  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when rechartering.) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to pay \$0.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*John R. Fewell III V.D.*  
*1049 Summerbrooke Dr.*  
*Tallahassee, FL 32312*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
*Ceo - Susan C. Fewell*  
*1049 Summerbrooke Dr.*  
*Tallah., FL 32312*

TITLE  
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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Susan C. Fewell* *Susan C. Fewell* *8/20/02* *850-383*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: *-1200*

CR2E034B (12/01)