

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002710

1. Entity Name

SUMMIT CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

4804 N.W. 20TH PLACE
COCONUT CREEK FL 33063

4804 N.W. 20TH PLACE
COCONUT CREEK FL 33063-7751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOVI, DAVID M
324 DATURA STREET
SUITE 200
WEST PALM BEACH FL 33401

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, 2000 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
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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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)(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

Date

Daytime Phone #

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90014 023 ***150.00

00000160



DO NOT WRITE IN THIS SPACE

4. FFI Number

65-0895562

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

N/A

1/4/00

Chief Executive Officer - John Luce
4804 NW 20th Pl
Coconut Creek, FL 33063
P = John Luce
Same as above
T = John Luce
Same as above
S = John Luce
Same as above

954-978 833