2000 UNIFORM BUSINESS REPORT (UBR)

Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P9900008710 1. Entity Name SUMMIT CONSTRUCTION MANAGEMENT, INC. 01-18-2000 90025 030 ***150.00 Principal Place of Business Mailing Address 5890 33RD STREET 5890 33RD STREET 0 0 0 0 **1 1** VERO BEACH FL 32966-4617 VERO BEACH FL 32966 2. Principal Place of Business 3. Mailing Address 1940 58th Ave 1940 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUIFE Suite. Applied For City & State City & State Not Applicable 65-0890749 vero Beach FL vero Beach Country \$8.75 Additional Country Zip 5. Certificate of Status Desired - Biver 32966 o bot PIULE Fee Required J-dio. 32966 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHUH, WILLIAM B JR Street Address (P.O. Box Number is Not Acceptable) **5890 33RD STREET** VERO BEACH FL 32966 Zip Code FL 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE Delete TITLE SCHUH, WILLIAM B JR NAME NAME STREET ADDRESS 5890 33RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32966 ☐ Change ☐ Defete TITLE VASQUEZ, CHRIS A SR NAME NAME STREET ADDRESS 636- 49TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32968 ☐ Change TITLE ☐ Delete NAME SCHUH, ANNETTE A STREET ADDRESS 5890 33RD STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITLE VASQUEZ. PATRICIA T NAME NAME STREET ADDRESS 636 - 49TH AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32968 T * 1.20 ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ * " ☐ Change Delete TITLE TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/10/00

FILED