


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90121 029 ***150.00

DOCUMENT # P99000008710

1. Entity Name
SUMMIT CONSTRUCTION MANAGEMENT, INC.



Principal Place of Business
**1940 58TH AVE
SUITE C
VERO BEACH FL 32966**

Mailing Address
**1940 58TH AVE
SUITE C
VERO BEACH FL 32966**



2. Principal Place of Business
**3200 43rd Ave
Suite 11
Vero Beach FL**

3. Mailing Address
**3200 43rd Ave
Suite 11
Vero Beach FL**

4. FEI Number **65-0890749** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **32960** Country **USA** Zip **32960** Country **USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SCHUH, WILLIAM B JR
5890 33RD STREET
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUH, WILLIAM B JR 5890 33RD STREET VERO BEACH FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, CHRIS A SR 636- 49TH AVE VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUH, ANNETTE A 5890 33RD STREET VERO BEACH FL 32966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASQUEZ, PATRICIA T 636 - 49TH AVENUE VERO BEACH FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~USIGNATURE REQUIRED~~ **B Schuh** **2/25/03** **772-799-2099**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)