

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042464

1. Entity Name

SUMMIT SOUTH, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90057 004 ***150.00

00017647



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1819 MAIN ST., STE. 610
SARASOTA FL 34236

Mailing Address

1819 MAIN ST., STE. 610
SARASOTA FL 34236

2. Principal Place of Business

1800 Northgate Blvd. A-8

3. Mailing Address

1800 Northgate Blvd. A-8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

4. FEI Number

65-0918667

Applied For

Not Applicable

Zip

Country

34234

USA

Zip

Country

34234

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMPARETTO, MARIO L
1800 NORTHGATE BLVD A8
SARASOTA FL 34236

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.

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, 2001 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 D ☐ Delete
NAME COMPARETTO, MARIO L
STREET ADDRESS 4647 STONE RIDGE TRAIL
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☐ Delete
NAME CASATTA, FRANK
STREET ADDRESS 4647 STONE RIDGE TRAIL
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mario L. Comparetto 2/13/01 941-359-1800

CR2E034 (10/00)