

5/11/01

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90110 044 \*\*\*150.00

**DOCUMENT # P99000067544**

1. Entity Name

**SUMMIT TRUCKING COMPANY, INC.**

Principal Place of Business

**22900 NORTH O'BRIEN ROAD  
HOWEY-IN-THE-HILLS FL 32737**

Mailing Address

**P.O. BOX 3508  
ORLANDO FL 32802-3508**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3590222**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDER, GEORGE A ESQ.  
315 EAST ROBINSON STREET  
SUITE 600  
ORLANDO FL 32801**

Name

**L. Cleveland Hightower**

Street Address (P.O. Box Number is Not Acceptable)

**22051 N. O'Brien Road**

City

**Howey-in-the-Hills****FL**

Zip Code

**34737**

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

**5/26/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADSHAW, CHARLES E JR.</b>	
STREET ADDRESS	<b>22900 NORTH O'BRIEN ROAD</b>	
CITY-ST-ZIP	<b>HOWEY-IN-THE-HILLS FL 32737</b>	
TITLE	<b>CFOV</b>	<input type="checkbox"/> Delete
NAME	<b>HIGHTOWER, L.C.</b>	
STREET ADDRESS	<b>1814 GERDA TERRACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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

**L. Cleveland Hightower**

Date

**4/26/01****(352) 429-4145**

CR2034 (10/00)