

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076215

1. Entity Name

SUMMIT NETWORK PARTNERS INCORPORATED

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90032 044 ***150.00

Principal Place of Business

Mailing Address

602 HILLCREST STREET
ORLANDO FL 32803-4624

602 HILLCREST STREET
ORLANDO FL 32803-4624

2. Principal Place of Business

3. Mailing Address

105 E Robinson St.

105 E Robinson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 201

Ste 201

City & State

City & State

Orlando

Orlando

Zip

Country

Zip

Country

32801

USA

32801

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYNARD, JOHN L
602 HILLCREST STREET
ORLANDO FL 32803-4624

Name

LAMONDA, C. KEITH

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

1300 Grandview Blvd

City

Kissimmee

FL

Zip Code

33744

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]

04/06/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMONDA, C. KEITH
CITY-ST-ZIP 1300 GRANDVIEW BOULEVARD
KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00

407-650-4240

Date

Daytime Phone #

CR2E034 (9/99)