

DOCUMENT # P99000093489

1. Entity Name

SUMMEDAYS, INC.

Principal Place of Business

1321 NW 93RD ST.  
MIAMI FL 33147

Mailing Address

1321 NW 93RD ST.  
MIAMI FL 33147

2. Principal Place of Business

1321 NW 93 STREET

3. Mailing Address

1321 NW 93 STREET

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33147

Country

USA

Zip

33147

Country

USA

4. FEI Number

65-0976989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTFIELD, SARAH J  
1321 NW 93RD ST.  
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name

N/A

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

7/15/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **PRESIDENT/CEO** ☐ Delete  
NAME **SARAH J. PIVOTTE HARTFIELD**  
STREET ADDRESS **1321 NW 93 STREET**  
CITY-ST-ZIP **MIAMI, FLORIDA 33147**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CHIEF FINANCIAL OFFICER/VP** ☐ Change ☒ Addition  
NAME **GARY HARTFIELD**  
STREET ADDRESS **1321 NW 93 STREET**  
CITY-ST-ZIP **MIAMI, FLORIDA 33147**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00  
Date

305375-3811  
Daytime Phone #

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90927 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DUC # P99 000093489

18925

Sarah J. P. Hartfield

July 15, 2000

Division of Corporations  
UBR  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom it May Concern:

I recently contacted your office regarding my 2000 UBR filing status and the second notice I received. I was informed that your office received my 2000 UBR with renewal fee, however the information regarding the officers was incomplete. I was further told that correspondence from your office was sent to me in May 2000. I stated that I was not in receipt of that correspondence and was then advised to fill out the second UBR notice, complete the entire form and return to your office.

Pursuant to my conversations with your office, enclosed please find a completed copy of the UBR report.

Please call me if you require additional information or have any questions.  
Thank you for your attention to this matter.

Sincerely,



Sarah J. P. Hartfield

Enclosure