## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # 613620** 1. Entity Name SUPERIOR KITCHENS, INC. 03-15-2000 90092 016 \*\*\*150.00 Mailing Address Principal Place of Business 811 EDWARDS ROAD 811 EDWARDS ROAD FT. PIERCE FL 34982-6286 FT. PIERCE FL 34982-6286 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1915003 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAPPOLD, JEAN Street Address (P.O. Box Number is Not Acceptable) 811 EDWARDS ROAD FT. PIERCE FL 34982 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition TITLE TITLE ☐ Delete RAPPOLD, MARCEL A NAME NAME STREET ADDRESS 811 EDWARDS ROAD STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE SLACK, TICHKA R. NAME NAME 811 EDWARDS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE FL CITY-ST-ZIP CEO Change ☐ Addition TITLE TITLE 1 Delete RAPPOLD, JEAN NAME NAME 811 EDWARDS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT PIERCE FL ☐ Addition TITI F TITLE ☐ Defete JOHNSTON, BARBARA NAME NAME 811 EDWARDS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL 34982 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 HAME IF SIGNING OFFIGER OR DIRECTOR

3/9/2000

561-464-8180

Daytime Phone #