

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 009 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F96000003293

1. Entity Name  
 SUPERFINE COMPANY, INC.

**DO NOT WRITE IN THIS SPACE**

90008742

2. Principal Place of Business  
 920 CASEY COVE DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address  
 920 CASEY COVE DRIVE  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 NOKOMIS, FLORIDA

City & State  
 NOKOMIS, FLORIDA

4. FEI Number  
 31-1216880

Applied For  
 Not Applicable

Zip Country  
 34275 U.S.A.

Zip Country  
 34275 U.S.A.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
 SOUTHORN, MALCOLM  
 Street Address (P.O. Box Number is Not Acceptable)  
 920 CASEY COVE DRIVE

City NOKOMIS, FLORIDA **FL** Zip Code 34275

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 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)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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 PCD NAME SOUTHORN, MALCOLM STREET ADDRESS 920 CASEY COVE DRIVE CITY-ST-ZIP NOKOMIS, FLORIDA 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE STD NAME SOUTHORN, SHEILA STREET ADDRESS 920 CASEY COVE DRIVE CITY-ST-ZIP NOKOMIS, FLORIDA 34275	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila Southorn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHEILA SOUTHORN

1/20/03

Date

941/484-5922

Daytime Phone #