2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am Secretary of State H54571 DOCUMENT # 1. Entity Name SUPERIOR UNLIMITED ENTERPRISES, INC. 01-30-2002 90105 019 ***150.00 Mailing Address Principal Place of Business 160 SPIRIT LAKE ROAD 160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2673164 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHEN F BAKER Street Address (P.O. Box Number is Not Acceptable) **565 AVENUE KSE** WINTER HAVEN FL 33880 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE **BOWMAN, GERALDINE** NAME NAME 1441 W. LAKE CANNON DR. STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BOWMAN, DONNIE H. NAME 1441 W. LAKE CANNON DR STREET ADDRESS STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE BOWMAN, MARK NAME NAME 1441-W LAKE CANNON DRIVE STREET ADDRESS STREET ADDRESS 235 6th Street N.W. #105 WINTER HAVEN FL CITY-ST-ZIP CITY-ST-7IP <u>Winter Haven, Fl 33880</u> ☐ Change Addition ☐ Delete TITLE Secretary TITLE NAME NAME Kevin Bowman STREET ADDRESS STREET ADDRESS 2627 Maitland Crossing Way Apt 8107 Orlando, Fl 32810 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

1/14/02 (863)294-1683