

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90213 036 ***150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # H54571		1. Entity Name SUPERIOR UNLIMITED ENTERPRISES, INC.	
Principal Place of Business 160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880		Mailing Address 160 SPIRIT LAKE ROAD WINTER HAVEN FL 33880	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2673164		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEPHEN F BAKER 565 AVENUE KSE WINTER HAVEN FL 33880		Name Brandon J. Rafool, L.L.C.	
		Street Address (P.O. Box Number is Not Acceptable) 1519 Third Street, S.E.	
		City Winter Haven, FL	
		Zip Code 33880	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **1/10/2003**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, GERALDINE		NAME		
STREET ADDRESS	1441 W. LAKE CANNON DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, DONNIE H.		NAME		
STREET ADDRESS	1441 W. LAKE CANNON DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARK		NAME		
STREET ADDRESS	235 6TH STREET NW 105		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Bowman, Kevin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEVIN		NAME		
STREET ADDRESS	2627 MAITLAND CROSSING WAT APT807		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/10/2003** 863-294-1683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)