

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90126 005 \*\*\*150.00

**DOCUMENT # P00000052511**  
1. Entity Name  
**SUPERIOR KITCHENS OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**3531 PALMETTO AVE.  
UNIT A  
FT MYERS FL 33916**

Mailing Address  
**3531 PALMETTO AVE.  
UNIT A  
FT MYERS FL 33916**



2. Principal Place of Business  
**3531 VERONICA S SHOEMAKER BLDG  
Suite, Apt. #, etc.  
UNIT A**

3. Mailing Address  
**3531 VERONICA S SHOEMAKER BLDG  
Suite, Apt. #, etc.  
UNIT A**

City & State  
**FT MYERS FL**

CHECK HERE IF MAKING CHANGES

Zip Country  
**33916 USA**

Zip Country  
**33916 USA**

4. FEI Number **65-1013551**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BAQUERO, STEVEN J  
222 NE 24TH AVE  
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

Name

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BAQUERO, STEVEN J 222 NE 24TH AVE CAPE CORAL FL 33909</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD BISHOP, RONALD S 17070 WAYZATA CT N FORT MYERS FL 33917</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ronald S Bishop **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **REQUIRED**

Date: 1/09/03 Daytime Phone #: 734-334-6090

CR2E034 (10/02)