

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 034 ***150.00

DOCUMENT # P01000099581

1. Entity Name
SUPERIOR DESIGNS II, INC.



Principal Place of Business
**1449 CLASSIC OAK CT
JACKSONVILLE FL 32225**

Mailing Address
**1449 CLASSIC OAK CT
JACKSONVILLE FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3749712**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESSLER, KRIS R
1449 CLASSIC OAK CT
JACKSONVILLE FL 32225**

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 _____ DATE _____
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	D	<input type="checkbox"/> Delete
NAME	KESSLER, KRIS R	
STREET ADDRESS	1449 CLASSIC OAK CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	P	<input type="checkbox"/> Delete
NAME	KESSLER, KY M	
STREET ADDRESS	807 W PREDMORE RD	
CITY-ST-ZIP	OAKLAND MI 48363	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KESSLER, DENEICE L	
STREET ADDRESS	807 W PREDMORE RD	
CITY-ST-ZIP	OAKLAND MI 48363	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *Kris R Kessler* **REQUIRED** **Kessler, Vice President** **01/17/2003** **(904)642-0120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)