

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90147 010 ***150.00

DOCUMENT # 152757

1. Entity Name
SUPERIOR FISH CO. INC.



Principal Place of Business
**8897 SW 129 STREET
MIAMI FL 33176**

Mailing Address
**P O BOX 560605
MIAMI FL 33256-0605
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Stuart, FL 34995

4. FEI Number
59-0573684

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

**BLACK,RICHARD
12703 SW 114TH CT
MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

Black, Richard

Street Address (P.O. Box Number is Not Acceptable)

3640 SW Woodcreek Trail

City

Palm City

FL

Zip Code
34990

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, typed or printed name of registered agent and title if applicable.

(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	PM	<input checked="" type="checkbox"/> Delete
NAME	BLACK,RICHARD	
STREET ADDRESS	12703 SW 114 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLACK, SUSAN	
STREET ADDRESS	12703 SW 114 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BLACK, TREVOR	
STREET ADDRESS	12703 SW 114 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Richard	
STREET ADDRESS	3640 SW Woodcreek Trail	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Susan	
STREET ADDRESS	3640 SW Woodcreek Trail	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Trevor	
STREET ADDRESS	3640 SW Woodcreek Trail	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2003

Date

305-255-6361

Daytime Phone #

CR2E034 (10/02)