


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90789 011 \*\*\*158.75

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<b>DOCUMENT #</b> 233778	
<b>1. Entity Name</b> SUPERIOR TRACTOR COMPANY	

<b>Principal Place of Business</b> 5353 W BEAVER ST JACKSONVILLE FL 32254 US	<b>Mailing Address</b> 444 THIRD STREET NEPTUNE BEACH FL 32266
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-0904114	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  STEVENS, LEROY S. JR. 5353 W BEAVER ST JACKSONVILLE FL 32254	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>T</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP STEVENS, LEROY S., JR. 5353 W. BEAVER ST. JACKSONVILLE FL	<input type="checkbox"/> Delete	<b>T</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PDS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP STEVENS, LEROY S., JR. 5323 W BEAVER ST JACKSONVILLE FL	<input type="checkbox"/> Delete	<b>PDS</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP STEVENS, FRANKIE B. 5353 W BEAVER ST. JACKSONVILLE FL	<input type="checkbox"/> Delete	<b>D</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP EMS, VIVIAN M 5353 W BEAVER ST JACKSONVILLE FL	<input type="checkbox"/> Delete	<b>D</b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b> </b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b> </b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b> </b> TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b> </b> 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:** Leroy Stevens **4-23-03 (904) 781-9011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)