

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90094 022 ***150.00

DOCUMENT # 252355**1. Entity Name**
SUPERIOR AUTOMOTIVE, INC.**Principal Place of Business****5749 ARLINGTON ROAD**
JACKSONVILLE FL 32211**Mailing Address****5749 ARLINGTON ROAD**
JACKSONVILLE FL 32211**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0939451**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****WILLIFORD, ROBERT GREGORY**
1424 QUINLAN RD. E
JACKSONVILLE FL 32225

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **PD** ☐ Delete
NAME **WILLIFORD, ROBERT GREGORY**
STREET ADDRESS **1424 QUINLAN RD. E**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** **STD** ☐ Delete
NAME **WILLIFORD, FAYE**
STREET ADDRESS **1465 QUINLAN RD E.**
CITY-ST-ZIP **JACKSONVILLE FL****TITLE** ☒ Delete
NAME **PERRY, VICKI LYNN**
STREET ADDRESS **3350 JACOB RIDGE LANE**
CITY-ST-ZIP **CUMMING GA 30040****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☒ Change ☐ Addition
NAME **WILLIFORD, DEBORAH FAYE**
STREET ADDRESS **1424 QUINLAN RD. E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32225****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** *Robert Gregory Williford* **ROBERT GREGORY WILLIFORD**

4-26-02

Date

(904) 743-4045

Daytime Phone #

CR2E034 (9/01)