

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 461174****1. Entity Name**
SUPREME INVESTMENT CORPORATION**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90020 032 ***150.00

Principal Place of Business
129 AVE R. NORTHWEST
WINTERHAVEN FL 33881**Mailing Address**
129 AVE R. NORTHWEST
WINTERHAVEN FL 33881**2. Principal Place of Business**
Suite, Apt. #, etc.
City & State
Zip Country**3. Mailing Address**
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1633545
Applied For
☐ **Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**
MUNROE, DAVID
129 AVE R. NORTHWEST
WINTERHAVEN FL 33881**7. Name and Address of New Registered Agent**
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code**B. 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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MUNROE, DAVID	129 AVE R. NORTHWEST	WINTERHAVEN FL 33881	
S	CLARK, WILLIE	1928 3RD ST N E	WINTERHAVEN FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:** **DAVID MUNROE** 1-6-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)