FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90220 011 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0UU66740

DOCUMENT # F02000003889

1. Entity Name
SUPERIOR ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
18167 US HIGHWAY 19 N STE. 200 CLEARWATER, FL 33764	18167 US HIGHWAY 19 N STE. 200 CLEARWATER, FL 33764

CHECK HERE IF MAKING CHANGES [X]

2. Principal Place of Business	3. Mailing Address
19361 US Hwy. 19N.	P.O. Box 596
Suite, Apt. #, etc. Ste. 100	Suite, Apt. #, etc.
City & State Clearwater, FL	City & State Ft. Walton Bch., FL
Zip 33764 Country Pinellas	Zip 32549 Country Okaloosa

4. FEI Number 58-1793524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETZER, EVIN
101 E KENNEDY BLVD STE. 3200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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 ______ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KING, EDDIE N 348 MIRACLE STRIP PKWY STE. 16A FORT WALTON BEACH, FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KING, DEBORAH W 348 MIRACLE STRIP PKWY STE. 16A FORT WALTON BEACH, FL 32548 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

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: Deborah W. King — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3-21-03 Date — (850) 796-1019 Daytime Phone #