

**AMENDED  
2001 UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H90077**  
1. Entity Name  
**Superior Assets I, Inc**

NOV -9 AM 10:48

Principal Place of Business  
**255 S. ORANGE Ave #1255 Orlando, FL 32801**

100004703141--3  
-12/03/01--01089--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**255 S. ORANGE Ave #1255**

3. Mailing Address  
**255 S. ORANGE Ave #1255**

City & State  
**Orlando, FL**  
Zip  
**32801**  
Country  
**U.S.A.**

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**Orlando, FL**  
Zip  
**32801**  
Country  
**U.S.A.**

4. FEI Number  
**592611399**  
Applied For  
 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MARY B. SHARP  
255 S. ORANGE Ave #1255  
Orlando, FL  
32801**

7. Name and Address of New Registered Agent  
Name  
**MARILUZ SOTO**  
Street Address (P.O. Box Number is Not Acceptable)  
**255 S. ORANGE Ave #1255**  
City  
**ORLANDO** FL Zip Code  
**32801**

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  
*Marilyn Sharp*  
Marilyn Sharp, President

DATE  
**Nov. 6, 2001**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> PRESIDENT <input checked="" type="checkbox"/> Delete	NAME <b>MARY B. SHARP</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input checked="" type="checkbox"/> Sec. / TREAS <input checked="" type="checkbox"/> Delete	NAME <b>JOHN F. FORD</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> Delete	NAME <b>MICHELLE KING</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input checked="" type="checkbox"/> Senior V.P. <input type="checkbox"/> Delete	NAME <b>Finley M. HAMINGTON</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>Orlando, FL 32801</b>
TITLE <input checked="" type="checkbox"/> C.E.O. <input type="checkbox"/> Delete	NAME <b>Kelley, JUANCOVICH</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>MARILUZ SOTO</b>
STREET ADDRESS <b>265 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input checked="" type="checkbox"/> Sec / TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>MARILUZ SOTO</b>
STREET ADDRESS <b>255 S. ORANGE Ave #1255</b>	CITY-ST-ZIP <b>ORLANDO, FL 32801</b>
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

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:  
*Kelley Juancovich*  
Kelley Juancovich, CEO

407-835-0066  
Nov. 6, 2001

CR2E034 (11/00)