2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003
Secretary of State

DOCUMENT# H90077

Entity Name: SUPERIOR ASSETS I, INC.

Current Principal Place of Business:

255 S. ORANGE AVE #1255
ORLANDO, FL 32801 US

New Principal Place of Business:

100 WEST LUCERNE CIRCLE
SUITE 402
ORLANDO, FL 32801 US

Current Mailing Address:

255 S. ORANGE AVE #1255
ORLANDO, FL 32801 US

New Mailing Address:

100 WEST LUCERNE CIRCLE
SUITE # 402
ORLANDO, FL 32801 US

FEI Number: 59-2611399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOTO, MARILUZ
255 S ORANGE AVE
STE 1255
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LOPEZ, MARILUZ
100 WEST LUCERNE CIRCLE
SUITE #402
ORLANDO, FL 32801 US

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: MARILUZ LOPEZ 05/07/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOTO, MARILUZ
Address: 255 S. ORANGE AVE #1255
City-St-Zip: ORLANDO, FL 32801 US

Title: SVP ( ) Delete
Name: HAMILTON, FINLEY M
Address: 255 S ORANGE AVE STE 1255
City-St-Zip: ORLANDO, FL 32801

Title: CEO ( ) Delete
Name: IVANCOVICH, KELLEY
Address: 255 S ORANGE AVE STE 1255
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, MARILUZ
Address: WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801 US

Title: SVP (X) Change ( ) Addition
Name: HAMILTON, FINLEY M
Address: WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

Title: CEO (X) Change ( ) Addition
Name: IVANCOVICH, KELLEY
Address: WEST LUCERNE CIRCLE #402
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILUZ LOPEZ PST 05/07/2003
Electronic Signature of Signing Officer or Director Date