

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90051 050 \*\*\*150.00

**DOCUMENT #** H98144  
**1. Entity Name**

Superior Assets II, Inc.  
**Principal Place of Business** **Mailing Address**

**2. Principal Place of Business** **3. Mailing Address**  
342 Runa Rancho 255 S. Orange Ave  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**  
# 1255

**City & State** **City & State**  
Porter: 11c Ct Orlando, FL  
**Zip** **Country** **Zip** **Country**  
93257 U.S.A. 32801 U.S.A.

**4. FEI Number** **Applied For**  
592633508 ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent:**  
William A. Beverly  
255 S. Orange Ave #1255  
Orlando, FL 32801

**7. Name and Address of New Registered Agent**  
**Name** Mary B. Sharp  
**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** Mary B. Sharp MARY B. SHARP 4/20/01  
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.** ☐  
**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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<u>Marilyn Peterson</u>	
<b>CITY-ST-ZIP</b>	<u>3069 Carrigan Canyon Dr.</u>	
	<u>Salt Lake City, UT</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<u>Vice President</u>	
<b>CITY-ST-ZIP</b>	<u>William A. Beverly</u>	
	<u>255 S. Orange Ave. #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>	<u>ST</u>	
<b>CITY-ST-ZIP</b>	<u>Michelle Brown</u>	
	<u>255 S. Orange Ave #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>President</u>	
<b>CITY-ST-ZIP</b>	<u>Mary B. Sharp</u>	
	<u>255 S. Orange Ave. #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>SENIOR VICE PRESIDENT</u>	
<b>CITY-ST-ZIP</b>	<u>Finley M. Hamilton</u>	
	<u>255 S. Orange Ave. #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>Chairman of the Board</u>	
<b>CITY-ST-ZIP</b>	<u>Kelley Francovich</u>	
	<u>255 S. Orange Ave. #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>Secretary - Treasurer</u>	
<b>CITY-ST-ZIP</b>	<u>John F. Ford</u>	
	<u>255 S. Orange Ave #1255</u>	
	<u>Orlando, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<u>DIRECTOR</u>	
<b>CITY-ST-ZIP</b>	<u>Michelle King</u>	
	<u>255 S. ORANGE AVE #1255</u>	
	<u>ORLANDO, FL 32801</u>	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Mary B. Sharp MARY B. SHARP 4/20/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #** 407-835-2016

CR2E034 (11/00)