

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**  
 03-19-2001 90003 033 \*\*\*150.00

**DOCUMENT # J04605**

1. Entity Name  
**SUPERIOR ASSETS IV, INC.**

Principal Place of Business  
 P.O. BOX 58717  
 SALT LAKE CITY UT 84158-0717

Mailing Address  
 P.O. BOX 58717  
 SALT LAKE CITY UT 84158-0717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**255 S. Orange Ave**  
 Suite, Apt. #, etc.  
**#1255**  
 City & State  
**Orlando, FL**  
 Zip  
**32801**  
 Country  
**USA**

3. Mailing Address  
**255 S Orange Ave**  
 Suite, Apt. #, etc.  
**#1255**  
 City & State  
**Orlando, FL**  
 Zip  
**32801**  
 Country  
**USA**

4. FEI Number **59-2650393**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BEVERLEY, WILLIAM A**  
**255 S. ORANGE AVENUE**  
**STE 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** DATE **2-19-01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |                          |                                            | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                          |                                                                              |
|----------------------------|--------------------------|--------------------------------------------|-------------------------------------------------------|--------------------------|------------------------------------------------------------------------------|
| TITLE                      | PD                       | <input checked="" type="checkbox"/> Delete | TITLE                                                 | President                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | PETERSON, MARILYN        |                                            | NAME                                                  | Mary B. Sharp            |                                                                              |
| STREET ADDRESS             | 3069 E CARRIGN CANYON DR |                                            | STREET ADDRESS                                        | 255 S. Orange Ave. #1255 |                                                                              |
| CITY-ST-ZIP                | SALT LAKE CITY UT        |                                            | CITY-ST-ZIP                                           | Orlando, FL 32801        |                                                                              |
| TITLE                      | STD                      | <input checked="" type="checkbox"/> Delete | TITLE                                                 | Secretary/Treasurer      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | TOBLER, JENNIFER         |                                            | NAME                                                  | Michelle #. Brown        |                                                                              |
| STREET ADDRESS             | 3069 E CARRIGN CANYON DR |                                            | STREET ADDRESS                                        | 255 S. orange Ave. #1255 |                                                                              |
| CITY-ST-ZIP                | SALT LAKE CITY UT        |                                            | CITY-ST-ZIP                                           | Orlando, FL 32801        |                                                                              |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE                                                 | V. Pres                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                          |                                            | NAME                                                  | finley M. Hamilton       |                                                                              |
| STREET ADDRESS             |                          |                                            | STREET ADDRESS                                        | 255 S. orange Ave. #1255 |                                                                              |
| CITY-ST-ZIP                |                          |                                            | CITY-ST-ZIP                                           | Orlando, FL 32801        |                                                                              |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE                                                 |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          |                                            | NAME                                                  |                          |                                                                              |
| STREET ADDRESS             |                          |                                            | STREET ADDRESS                                        |                          |                                                                              |
| CITY-ST-ZIP                |                          |                                            | CITY-ST-ZIP                                           |                          |                                                                              |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE                                                 |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          |                                            | NAME                                                  |                          |                                                                              |
| STREET ADDRESS             |                          |                                            | STREET ADDRESS                                        |                          |                                                                              |
| CITY-ST-ZIP                |                          |                                            | CITY-ST-ZIP                                           |                          |                                                                              |
| TITLE                      |                          | <input type="checkbox"/> Delete            | TITLE                                                 |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                          |                                            | NAME                                                  |                          |                                                                              |
| STREET ADDRESS             |                          |                                            | STREET ADDRESS                                        |                          |                                                                              |
| CITY-ST-ZIP                |                          |                                            | CITY-ST-ZIP                                           |                          |                                                                              |

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** DATE **3/13/01** DAYTIME PHONE # **407-835-0016**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)