# 2001 UNIFORM BUSINESS REPORT (UBR)

[redacted]

05-23-2001 91165 005 ****61.25
J04605

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 25 PM 2:42

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DO NOT WRITE IN THIS SPACE

DOCUMENT # J04605

1. Entity Name
AMENDED
Superior Assets IV, Inc

| Principal Place of Business | Mailing Address |
|---|---|
| | |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 255 S. Orange Ave | |
| Suite, Apt. #, etc.: #1255 | Suite, Apt. #, etc.: SAME |
| City & State: Orlando, Fl | City & State: |
| Zip: 32801 Country: USA | Zip: Country: |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| MARY B. SHARP<br>255 S. Orange Ave<br>Suite 1255<br>Orlando, FL 32801 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE: Mary B. Sharp Pres. 4/26/01
Signature, name 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. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 200[illegible] 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Finley M. Hamilton<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Senior V.P.<br>Finley M. Hamilton<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec/Treas<br>Michelle Brown<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Sec/Treas<br>John F. Ford<br>255 S. Orange Suite 1255<br>Orlando, Fl 32801 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Sharp Mary<br>255 S. Orange Ave, Suite 1255<br>Orlando, Fl 32801 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>Director<br>Michelle Kins<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>C.E.O.<br>Kelley Ivancovich<br>255 S. Orange Ave Suite 1255<br>Orlando, Fl 32801 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/00)

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 Pres MARY B. SHARP 4/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

407-835-0016
Daytime Phone #

6/10