2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# May 07, 2001 8:00 am Secretary of State 1. Entity Name 05-07-2001 90051 017 \*\*\*150.00 Superior Assets III **NN046232** 3. Mailing Address 2. Principal Place of Business 342 255 S. ORANG Ave Suite, Apt. #, etc. 12.55 DO NOT WRITE IN THIS SPACE oetere City & State 4. FEI Number Applied For City & State 251 59 2650395 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required つらの 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A. Beverly Sharp maillicul Oranje Die #1255 O. Box Number is Not Acceptable) Orange Ordando. F! 10256 City 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. wors B. SHARR e of registered agent and title applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition President ☐ Change Delete TITLE TITLE mary B. Sharp Avr. # 1255 Marilyn Peterson Canyon Dr. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, fi CITY-ST-ZIE Vice President Serio (C Change Change ☐ Addition Delete TITLE William A. Beverley finley m. Homilton NAME 255 S. Orange Ave. 41255 Orlanda; FC 32801 295 5 Orange Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, Fi 32801 Grairman e Board ☐ Change Addition Delete TITLE TITLE Kelley Ivancovich michelle Brown NAME NAME 295 5 Orange Avc. \$1295 35 5. Orange Ave #1255 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Orlando, FL 32801 Secretary - Tree John F. Ford Tressurer Addition □ Change □ Delete NAME 255 S. Orange Avr. #1055 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Orlando, Fi CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME DEANGE Ave. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 eath; 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. 5.0016 SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR