

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-07-2001 90051 017 ***150.00

00046232

DO NOT WRITE IN THIS SPACE

DOCUMENT # 504607
1. Entity Name
 Superior Assets III, Inc.

Principal Place of Business Mailing Address

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

City & State CA 93257 **City & State** Orlando, FL
Zip **Country** U.S.A **Zip** 32801 **Country** U.S.A

4. FEI Number 592650395
 Applied For 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.
 (See criteria on back)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Marilyn Peterson	
STREET ADDRESS	3069 E. Carrigan Canyon Dr.	
CITY-ST-ZIP	Salt Lake City, Utah	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	William A. Beverly	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	Michelle Brown	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary B. Sharp	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finley M. Hamilton	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelley Ivancovich	
STREET ADDRESS	255 S. Orange Ave #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John F. Ford	
STREET ADDRESS	255 S. Orange Ave. #1255	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle King	
STREET ADDRESS	255 S. ORANGE AVE. #1255	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **MARY B. SHARP** **4/20/01** **407-935-0016**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)