

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90191 010 ***150.00

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DOCUMENT # J44817

1. Entity Name
SUPERIOR EXTERIORS, INC.



Principal Place of Business
**5180 W. ATLANTIC AVENUE
SUITE 119
DELRAY BEACH FL 33484
US**

Mailing Address
**8 SOUTHERN CROSS CIR
#106
BOYNTON BEACH FL 33436
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
2223 S. CARNEGIE DR.

Suite, Apt. #, etc.
2223 S. CARNEGIE DR.

City & State
INVERNESS FL

City & State
INVERNESS FL

Zip
34450

Country
US

Zip
34450

Country
US

4. FEI Number **59-2771196**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FURRY, HUBERT
8 SOUTHERN CROSS CIR #106
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name
(SAME) HUBERT FURRY
Street Address (P.O. Box Number is Not Acceptable)

2223 S. CARNEGIE DR.

City
INVERNESS

FL Zip Code
34450

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
FURRY, NINA
8 SOUTHERN CROSS CIR #106
BOYNTON BEACH FL 33436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FURRY, HUBERT
8 SOUTHERN CROSS CIRCLE # 106
BOYNTON BEACH FL 33436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAME
SAME
2223 S. CARNEGIE DR.
INVERNESS FL 34450** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SAME
SAME
2223 S. CARNEGIE DR.
INVERNESS FL 34450** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

352-341-2510

Daytime Phone #

CR2E034 (10/02)