

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90097 030 ***158.75

DOCUMENT # J80396

1. Entity Name
SUPER SITTEES, INC.

Principal Place of Business
5375 EMERALD ISLE DRIVE
ORLANDO FL 32812

Mailing Address
5375 EMERALD ISLE DRIVE
ORLANDO FL 32812-8844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **BLVD**
8795 FORT JEFFERSON
 Suite, Apt. #, etc.
ORLANDO,
 City & State
FLORIDA

3. Mailing Address **BLVD**
8795 FORT JEFFERSON
 Suite, Apt. #, etc.
E
 City & State
ORLANDO FLORIDA

Zip **32822** Country **U.S.A.** Zip **32822** Country **U.S.A.**

4. FEI Number **59-2836919** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MORSE, KENNETH D.
501 N MAGNOLIA AVE
SUITE A
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **JOSEPH A. JACKSON**
 Street Address (P.O. Box Number is Not Acceptable)
8795 FORT JEFFERSON BLVD
ORLANDO
 City **FL** Zip Code **32822**

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 *Joseph A. Jackson* DATE *April 10, 2000*
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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D RACKER, MARIANNE N. 5375 EMERALD ISLE DR ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONARD, MARY E 2609 LAWTON BLUFF RD. CHARLOTTE N.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH A. JACKSON 8795 FORT JEFFERSON BLVD ORLANDO, FLORIDA 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTINE M. JACKSON 8795 FORT JEFFERSON BLVD ORLANDO, FLORIDA 32822	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christine M. Jackson* DATE *April 10, 2000* DAYTIME PHONE # *407 382-2538*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINE M. JACKSON

CR2E034 (9/99)