

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90057 016 \*\*\*150.00

**DOCUMENT # K04387**

1. Entity Name  
**SUPERIOR AQUA ENTERPRISES, INC.**

Principal Place of Business  
**SUPERIOR AQUA ENTERPRISES, INC**  
**2140 BISPHAM RD**  
**SARASOTA FL 34231**  
**US**

Mailing Address  
**2140 BISPHAM RD**  
**SARASOTA FL 34231**  
**US**

*Moved*

2. Principal Place of Business  
**6119 A Clark Center Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6119 A Clark Center Ave**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA, FL**

City & State  
**SARASOTA, FL**

4. FEI Number **65-0013544**

Applied For  
 Not Applicable

Zip **34238** Country **U.S.**

Zip **34238** Country **U.S.**

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

**GANIM, RICHARD A**  
**2140 BISPHAM RD**  
**SARASOTA FL 34231**

Name **JAMES MUHA**

Street Address (P.O. Box Number is Not Acceptable)

**6119 A Clark Center Ave**

City **SARASOTA** **FL** Zip Code **34238**

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 *James P. Muha*

DATE **4/2/2001**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MUHA, JAMES</b>	
STREET ADDRESS	<b>3018 GRAFTON DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MANHARDT, JOHN</b>	
STREET ADDRESS	<b>2729 LONGBOAT DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CPRE034 (10/00)

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: *James P. Muha* **JAMES P. MUHA** **2-21-2001** **941-923-2221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #