

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90013 017 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # K04387**

1. Entity Name

**SUPERIOR AQUA ENTERPRISES, INC.**

Principal Place of Business

**6119 A CLARK CENTER AVENUE  
SARASOTA FL 34238  
US**

Mailing Address

**6119 A CLARK CENTER AVENUE  
SARASOTA FL 34238  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0013544**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUHA, JAMES  
6119 A CLARK CENTER AVENUE  
SARASOTA FL 34238**

Name

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

City

**FL**

Zip Code

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **P**  Delete  
NAME: **MUHA, JAMES**  
STREET ADDRESS: **3018 GRAFTON DR**  
CITY-ST-ZIP: **SARASOTA FL**

TITLE:  Change  Addition  
NAME: **5050 Robinsong Rd.**  
STREET ADDRESS: **Sarasota, FL 34233**  
CITY-ST-ZIP: **Sarasota, FL 34233**

TITLE: **S**  Delete  
NAME: **MANHARDT, JOHN**  
STREET ADDRESS: **2729 LONGBOAT DR**  
CITY-ST-ZIP: **NAPLES FL**

TITLE:  Change  Addition  
NAME: **3291 64th St. S.W.**  
STREET ADDRESS: **Naples, FL 34105**  
CITY-ST-ZIP: **Naples, FL 34105**

TITLE: **Director**  Delete  
NAME: **MUHA, PATTY**  
STREET ADDRESS: **5050 ROBINSONG ROAD**  
CITY-ST-ZIP: **SARASOTA, FL**

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

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

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Change  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: James P. Muha **JAMES P. MUHA** 3/11/2002 941-923-2271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)