

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12685

1. Entity Name

SUPERIOR AUTOMOTIVE MANAGEMENT SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90117 040 ***150.00

Principal Place of Business

703 CRICKLEWOOD TERR
HEATHROW FL 32746
US

Mailing Address

703 CRICKLEWOOD TERR
LAKE MARY FL 32746-5310
US

2. Principal Place of Business

3135 Tala Loop
Suite, Apt. #, etc.

3. Mailing Address

3135 Tala Loop
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Longwood, FL	City & State Longwood, FL	4. FEI Number 65-0025730	Applied For Not Applicable
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Zip 32779	Country USA	Zip 32779	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWOPE, SAMUEL G.
703 CRICKLEWOOD TERR
HEATHROW FL 32746

Name
Samuel G. Swope
Street Address (P.O. Box Number is Not Acceptable)
3135 Tala Loop
City
Longwood FL Zip Code
32779

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 S. Swope (NOTE: Registered Agent signature required when reinstating) DATE 3-16-00

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC SWOPE, SAMUEL G. 703 CRICKLEWOOD TERRACE HEATHROW FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC Swope, Samuel G. 3135 Tala Loop Longwood, FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWOPE, PATRICIA G #10 SWOPE AUTOCENTER LOUISVILLE KY 40299	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: S. Swope DATE 3-16-00 Daytime Phone #

CR2E034 (9/99)