

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37462

1. Entity Name

SUPER TOOL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90122 027 ***158.75

Principal Place of Business

2806 59TH AVE DR E
 BRADENTON FL 34203
 US

Mailing Address

2806 59TH AVE DR E
 BRADENTON FL 34204-0849
 US

2. Principal Place of Business

2951 63rd Ave East
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20849
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0078421

Applied For

Not Applicable

Zip

Country

34203

Zip

Country

34204 0849

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, C. SCOTT
 5642 COUNTRY LAKES DR
 SARASOTA FL 34243

Name

Paul Enander

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

2951 63rd Ave East

City

Bradenton FL

FL

Zip Code

34203

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

Paul Enander

4-28-00

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	DP	☒ Delete
NAME	TAYLOR, C SCOTT	
STREET ADDRESS	5642 COUNTRY LAKES DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ Delete
NAME	ENANDER, PAUL J.	
STREET ADDRESS	7116 SADDLECREEK WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ Delete
NAME	Laurie Enander	
STREET ADDRESS	7116 Saddle Creek Way	
CITY-ST-ZIP	Sarasota, FL 34241	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director / Sec	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

941-739-2726

Daytime Phone #

CR2E034 (9/99)