

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M87981

1. Entity Name

SUPER SUDS ENTERPRISE INCORPORATED

P

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90113 024 ***150.00

Principal Place of Business

1425 E. COMMERCIAL BLVD
FT. LAUDERDALE FL 33334
US

Mailing Address

3255-3 NW 44TH ST.
3
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0053784

Applied For

Not Applicable

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

STRONG, PHILLIP M.
3255-3 NW 44TH ST.
FT. LAUDERDALE FL 33309

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00.
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	PTD	<input type="checkbox"/> Delete
NAME	STRONG, PHILLIP M.	
STREET ADDRESS	3255-3 NW 44TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STRONG, PAULA D.	
STREET ADDRESS	3255-3 NW 44TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

8/28/00 766-2415

CR2E034 (5/00)

8/28/00

DOC # M87481

AUG 7 4875

Dear Sir or Madam)

Enclosed please find our Check for \$150.00 - Due to my husband's illness I have now taken over our business "Seaper Suds". My name is Paula D. Strong.

Per conversation in July - we were told to only pay \$150.00 with this letter.

Correspondence have seem to be missing and the Original Report was not to be found.

Thank you for your attention into this matter