

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006453

1. Entity Name

SUPERCHANNEL CENTRE, INC.

Principal Place of Business

**4520 PARKBREEZE COURT
ORLANDO FL 32808**

Mailing Address

**4520 PARKBREEZE COURT
ORLANDO FL 32808**

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

59-3388634

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

**BOWERS, CLAUD
4520 PARKBREEZE COURT
ORLANDO FL 32808**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD BOWERS, CLAUD**
STREET ADDRESS **477 PICKFORD POINT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **VSTD BOWERS, FREEDA**
STREET ADDRESS **477 PICKFORD POINT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **VD HOWELL, P.B. JR.**
STREET ADDRESS **603 GIBSON STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE ☐ Delete
NAME **SD BEIK, STEPHEN W**
STREET ADDRESS **2229 EARLEAF COURT**
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete
NAME **V COURTE, ANGELA**
STREET ADDRESS **102 EAST PARK DR**
CITY-ST-ZIP **CELEBRATION FL 34747**

☒ Change ☐ Addition
TITLE **V**
NAME **COURTE, ANGELA**
STREET ADDRESS **5055 LATROBE DRIVE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Freeda Bowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02

407-298-5555

Date

Daytime Phone #

CR2E037 (9/01)