

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 017 ****61.25

DOCUMENT # **N02000004620**

1. Entity Name

SUPERCHANNEL CENTRE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4520 PARKBREEZE CT.

Suite, Apt. #, etc.

3. Mailing Address

4520 PARKBREEZE CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3388634

Applied For

Not Applicable

Zip

32808

Country

U.S.A.

Zip

32808

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
BOWERS, CLAUD

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

4520 PARKBREEZE COURT

City
ORLANDO

FL

Zip Code
32808

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
BOWERS, CLAUD
477 PICKFORD POINT
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSTD
BOWERS, FREEDA
477 PICKFORD POINT
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
HOWELL, P.B., JR.
603 GIBSON STREET
LEESBURG, FL 34788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
BEIK, STEPHEN W
2229 EARLEAF COURT
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
COURTE, ANGELA
5055 LATROBE DRIVE
WINDERMERE, FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Freeda Bowers

CR2E037B (12/02)