

**07 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000005434

1. Entity Name

*SUPERIOR SHEDS OF ORAKA INC
3399 E GULF TO LAKE HWY.
INVERNESS, FL. 34453*

FILED

02 NOV -8 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3399 E. GULF TO LAKE HWY

3. Mailing Address

INVERNESS FL. 34453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

INVERNESS FL.

City & State

4. FEI Number

59-3619937

Applied For

Not Applicable

Zip

34453

Country

CITRUS

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HEATHER H. STEIGHNER

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

35 BEECH ST. UNIT 24

City

HOMOSASSA,

FL

Zip Code
34446

**DO NOT WRITE
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.

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) *PL 2001* ☒

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OWNER HEATHER H. STEIGHNER 35 BEECH ST. UNIT # 24 HOMOSASSA, FL 34446</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT R. D. "SKIP" STEIGHNER 35 BEECH ST. UNIT # 24 HOMOSASSA FL. 34446</i>
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IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:

R.D. Skip Steighner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

R.D. SKIP STEIGHNER 11-1-02 352 726-0046

R.D. Steighner
3399 East Gulf to Lake HWY
Inverness, FL 34450

3527260046

Request taken by: cbrigham
10-29-2002

*WE JUST RECEIVED THIS FORM 11-1-02
I DO NOT KNOW WHY, BUT COMPLETED IT AS SOON AS RECEIVED*

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

R.D. Steighner

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314