FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Aug 01, 2001 8:00 am Secretary of State P00000026674 **DOCUMENT #** 08-01-2001 90190 013 ***550 00 SUPERIOR DEVELOPMENT INVESTMENT CORP. Principal Place of Business Mailing Address 395 OCEANVIEW AVENUE 395 OCEANVIEW AVENUE PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address LANE SK/E 1154 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number FL. ALM Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NABOZNY - FRANK NABOZNY, FRANK J Street Address (P.O. Box Number is Not Acceptable) 395 OCEANVIEW AVENUE PALM HARBOR FL 34683 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. FRANK T. NABOZNY FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Change ☐ Addition TITLE ☐ Delete NABOZNY FRANK NABOZNY, FRANK J NAME NAME 1154 SKYE LANE 395 OCEANVIEW AVENUE STREET ADDRESS STREET ADDRESS PALM HARBOR FL. 34683 PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME "NAME" STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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