

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

04-11-2001 90135 030 ***150.00

DOCUMENT # P00000068923

1. Entity Name

SUPERIOR TOPPING & HEDGING, INC.

Principal Place of Business

Mailing Address

Polk County, Florida 101 Fairway Drive
~~Grenelefe~~
Haines City, FL 33844

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

59-3659187

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James B. Pratt, Sr.
101 Fairway Dr., Grenelefe
Haines City, FL 33844

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

James B. Pratt Sr.

(NOTE: Registered Agent signature required when reinstating)

4-30-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	<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
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	President/ Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	James B. Pratt, Sr.		
STREET ADDRESS	101 Fairway Dr, Grenelefe		
CITY-ST-ZIP	Haines City, FL 33844		
TITLE	Vice-President/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	James Pratt, Jr.		
STREET ADDRESS	101 Fairway Dr., Grenelefe		
CITY-ST-ZIP	Haines City, FL 33844		
TITLE	Secretary/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sherree Pratt		
STREET ADDRESS	101 Fairway Dr., Grenelefe		
CITY-ST-ZIP	Haines City, FL 33844		
TITLE	Treasurer/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Jean Pratt		
STREET ADDRESS	101 Fairway Dr., Grenelefe		
CITY-ST-ZIP	Haines City, FL 33844		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:

James B. Pratt Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James B. Pratt, Sr.

863-422-3720

Date 4-5-01 Daytime Phone #

CR2E034 (1/100)