

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90016 018 ***150.00

DOCUMENT # P000000898931. Entity Name
SUPER MODL #1, INC.Principal Place of Business
**1922 ROSE MALLOW AVE.
ORANGE PARK FL 32003**Mailing Address
**1922 ROSE MALLOW AVE.
ORANGE PARK FL 32003**

2. Principal Place of Business

1922 Rose Mallow Lane
Suite, Apt. #, etc.

3. Mailing Address

1922 Rose Mallow Lane
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

593673266

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****BROWN, SUSAN O
1922 ROSE MALLOW AVE.
ORANGE PARK FL 32003**

Name

Street Address (P.O. Box Numbers Not Acceptable)

1922 Rose Mallow Lane

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 **Susan O. Brown**
Susan O. Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-019. 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 State10. 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	D	<input type="checkbox"/> Delete
NAME	BROWN, LARISSA S	
STREET ADDRESS	1922 ROSE MALLOW LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, SUSAN O	
STREET ADDRESS	1922 ROSE MALLOW AVE. LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JONATHAN M	
STREET ADDRESS	1922 ROSE MALLOW AVE LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN SUSAN O.	
STREET ADDRESS	1922 ROSE MALLOW LANE	
CITY-ST-ZIP	ORANGE Park, FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN Jonathan M	
STREET ADDRESS	1922 ROSE MALLOW LANE	
CITY-ST-ZIP	ORANGE Park FL 32003	
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		
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)(j), 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: **Susan O. Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01-16-01**

Date

Daytime Phone #

CR2E034 (10/00)