

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90273 047 ***150.00

DOCUMENT # P00000089893

1. Entity Name
SUPER MODL #1, INC.



Principal Place of Business
**1344 JONES STREET
RENO NV 89503**

Mailing Address
**1344 JONES STREET
RENO NV 89503**

11010004



2. Principal Place of Business

3. Mailing Address

3 HAMMOCK LANE

3 HAMMOCK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

GREEN COVE SPRINGS FL

City & State

GREEN COVE SPRINGS FL

4. FEI Number **59-3673266**

Applied For

Not Applicable

Zip **32043**

Country **USA**

Zip **32043**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 **BROWN SUSAN O**

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

GREEN COVE SPRINGS FL 32043

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 **Susan O Brown**

4-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, LARISSA S	
STREET ADDRESS	1922 ROSE MALLOW LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, SUSAN O	
STREET ADDRESS	1922 ROSE MALLOW LANE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JONATHAN M	
STREET ADDRESS	1922 ROSE MALLOW 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LARISSA S	
STREET ADDRESS	1344 JONES ST	
CITY-ST-ZIP	RENO NV 89503	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SUSAN O	
STREET ADDRESS	3 HAMMOCK LANE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN Jonathan M	
STREET ADDRESS	1344 JONES ST	
CITY-ST-ZIP	RENO NV 89503	
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		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan O Brown**

4-15-03 775-3221946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)