

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000098647**1. Entity Name  
**SUPPE HOLDINGS, INC.****Principal Place of Business**2233 N.W. 41ST STREET  
SUITE 200  
GAINESVILLE  
32606

FL

**Mailing Address**2233 N.W. 41ST STREET  
SUITE 200  
GAINESVILLE  
32606

FL

2. Principal Place of Business  
10215 SW 17 PLACE3. Mailing Address  
10215 SW 17 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
GAINESVILLE

FL

City & State  
GAINESVILLE

FL

Zip  
32607Country  
USZip  
32607Country  
US4. FEI Number  
**59-3678803**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BRASHEAR BRUCE**  
926 N.W. 13TH STREETGAINESVILLE  
32601

US

FL

**7. Name and Address of New Registered Agent**

Name

**SUPPE DENNIS R**Street Address (P.O. Box Number is Not Acceptable)  
**10215 SW 17 PLACE**City  
GAINESVILLE

FL

Zip Code  
32067

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 **DENNIS R. SUPPE****04/26/2001**

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) ☒**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**TITLE **D** ☐ Delete  
NAME **SUPPE DEBBIE S**  
STREET ADDRESS **2233 N.W. 41ST STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE **D** ☐ Delete  
NAME **SUPPE DENNIS R**  
STREET ADDRESS **2233 N.W. 41ST STREET**  
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☒ Change ☐ Addition  
NAME **SUPPE DEBBIE S**  
STREET ADDRESS **10215 SW 17 PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE **D** ☒ Change ☐ Addition  
NAME **SUPPE DENNIS R**  
STREET ADDRESS **10215 SW 17 PLACE**  
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Dennis R. Suppe**

D

**04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)