FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90189 048 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101415

1. Entity Name
SUPERIOR COMMERCE PARK, INC.

Principal Place of Business	Mailing Address
1897 HIGH STREET LONGWOOD, FL 32750	1897 HIGH STREET LONGWOOD, FL 32750

2. Principal Place of Business	3. Mailing Address
2840 W. ORANGE AVE	2840 W. ORANGE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL	City & State: APOPKA, FL
Zip: 32703 Country: ORANGE	Zip: 32703 Country: ORANGE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3694158 ☐ Applied For ☐ Not Applicable

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
LEMIEUX, KEITH B 1897 HIGH STREET LONGWOOD, FL 32750	Name Street Address (P.O. Box Number is Not Acceptable): 2840 W. ORANGE AVE City: APOPKA FL Zip Code: 32703

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: Keith B Lemieux 4/14/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMIEUX, KEITH B 1897 HIGH STREET LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P 2840 W. ORANGE AVE. APOPKA, FL 32703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCNULTY, CHARLES A 1897 HIGH STREET LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S 442 TIMBER RIDGE PLACE LONGWOOD, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD MOORE P.O. BOX 941719 MAITLAND, FL 32794	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Keith B Lemieux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #