

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90656 009 \*\*\*150.00

**DOCUMENT # P00000107243**

1. Entity Name  
**SUPERIOR AERIAL PHOTOGRAPHY, INC.**



Principal Place of Business  
**908 BUTTONWOOD LANE  
ALTAMONTE SPRINGS FL 32714**

Mailing Address  
**908 BUTTONWOOD LANE  
ALTAMONTE SPRINGS FL 32714**



2. Principal Place of Business

**21767 HIGH PINE TRL**  
Suite, Apt. #, etc.

3. Mailing Address

**21767 HIGH PINE TRL**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON, FLORIDA**

City & State  
**BOCA RATON, FLORIDA**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip Country  
**33428 USA**

Zip Country  
**33428 USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DICKSON, HELENMARY R  
908 BUTTONWOOD LANE  
ALTAMONTE SPRINGS FL 32714**

7. Name and Address of New Registered Agent

Name  
**EVERETT H. DUDLEY, JR.**  
Street Address (P.O. Box Number is Not Acceptable)  
**21767 HIGH PINE TRL.**

City State Zip Code  
**BOCA RATON, FLORIDA FL 33428**

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 *Everett H. Dudley, Jr.*  
Signature typed or printed name of registered agent and fee if applicable

(Not for 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  
DUDLEY, HELENMARY R  
908 BUTTONWOOD LANE  
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DUDLEY, HELENMARY R.  
HQ V CORPS, CMR 420, Box 976  
APO AE 09063-0976** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O  
DUDLEY, EVERETTE H III  
908 BUTTONWOOD LANE  
ALTAMONTE SPRINGS FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O  
EVERETT H. DUDLEY, III  
HQ V CORPS, CMR 430, Box 976  
APO AE 09063-0976** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Everett H. Dudley, Jr.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5 March 03*

Date

Daytime Phone #

CR2E034 (10/02)