FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91114 021 ***150.00

DOCUMENT # P00000113095

1. Entity Name
SUPER GRASS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2910 DRANEFIELD Rd		2910 DRANEFIELD Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LAKELAND FL		City & State: LAKELAND FL	
Zip: 33811	Country: USA	Zip: 33811	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3687507 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name: RAYMOND DUFFY
Street Address (P.O. Box Number is Not Acceptable): 2910 DRANEFIELD Rd
City: LAKELAND **FL** Zip Code: 33811

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 ______________________
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	DUFFY, RAYMOND
STREET ADDRESS	2910 DRANEFIELD Rd
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	STD
NAME	DUFFY, ANNA MARIE
STREET ADDRESS	2910 DRANEFIELD Rd
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #