

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90870 046 ***150.00

DOCUMENT # P01000037215 ✓
1. Entity Name

Superior Pump Rental, Inc.

DO NOT WRITE IN THIS SPACE

B0054103

2. Principal Place of Business
7035 Phillips Hwy
Suite, Apt. #, etc.
5-117

3. Mailing Address
Same
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL
Zip
32216 **Country**
Duval

City & State
Zip
Country

4. FEI Number
05-1108718
Applied For
☐ **\$8.75 Additional Fee Required**
5. Certificate of Status Desired ☐

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
Sandra L Buice
Street Address (P.O. Box Number is Not Acceptable)
168 Hawthorn Hedge Lane
City
Jacksonville **FL** **Zip Code**
32259

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P NAME Sandra L Buice STREET ADDRESS 168 Hawthorn Hedge Lane CITY - ST - ZIP Jacksonville FL 32259
TITLE VP NAME Judith M Lindsey STREET ADDRESS 168 Hawthorn Hedge Lane CITY - ST - ZIP Jacksonville FL 32259
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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: Sandra L. Buice **SANDRA L. BUICE** **3-12-02** **904-732-3142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)