# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 13, 2002 8:00 am**
**Secretary of State**
05-13-2002 90146 035 ***150.00

DOCUMENT # P02000054846

656315

1. Entity Name
SUPERIOR SECURITY INC.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 220 TOLLGATE TRAIL | 220 TOLLGATE TRAIL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: LONGWOOD, FLORIDA | City & State: LONGWOOD, FLORIDA |
| Zip: 32750 Country: USA | Zip: 32750 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3722795 ☐ 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: FILINGS INC

Street Address (P.O. Box Number is Not Acceptable): 3732 NW 16TH STREET

City: FT. LAUDERDALE FL Zip Code: 33311-4132

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D<br>NAME DAVID W ROCHE<br>STREET ADDRESS 220 TOLLGATE TRAIL<br>CITY-ST-ZIP LONGWOOD, FL 32750 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP DO NOT WRITE IN THIS SPACE |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

CR2E034B (12/01)

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:** X _____ 4-25-02 321-228-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #