

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

FILED

DOCUMENT # P01000054846

1. Entity Name

Superior Security Inc.



03 OCT 15 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

220 Tollgate Trail

Suite, Apt. #, etc.

3. Mailing Address

220 Tollgate Trail

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3722795

Applied For

Not Applicable

Zip

32750

Country

USA

Zip

32750

Country

USA

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

33311-4130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

D. DAVID W. Roche
220 Tollgate Trail
Longwood FL 32750

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE:

DAVID ROACHE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 407-332-1305

Date

Daytime Phone #

CR2E034B (12/02)

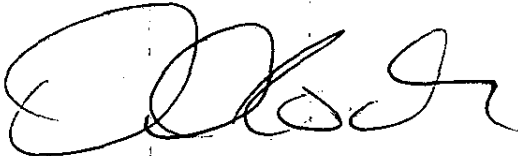
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

RE: SUPERIOR SECURITY INC
220 TOLLGATE TRAIL
LONGWOOD, FL 32750
DOC: #P01000054846
UBR-2003

TO WHOM IT MAY CONCERN:

I FORMED MY CORPORATION 6/04/2001 AND MY ATTORNEY FILED THIS
RETURN FOR ME. THIS IS THE FIRST UBR FORM I HAD TO FILE. I DON'T
RECALL RECEIVING A PRIOR NOTICE AND REQUEST THE LATE FEE BE
WAIVED. NOW THAT I AM AWARE THIS NEEDS TO BE FILED EACH YEAR IT
WILL BE FILED TIMELY.

THANK YOU IN ADVANCE.

A handwritten signature in black ink, appearing to read 'David Roche', written in a cursive style.

DAVID ROCHE