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03 DEC 10 PM 12: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500025401235
12/10/03--01071--003 **61.25

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067853

1. Entity Name
SUPERIOR CONSTRUCTION OF SARASOTA, INC.

Principal Place of Business	Mailing Address
3656 STOKES DRIVE SARASOTA, FL 34232	3656 STOKES DRIVE 8 SARASOTA, FL 34232

2. Principal Place of Business	3. Mailing Address
	3656 Stokes Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sarasota, FL
Zip / Country	Zip: 34232 / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1123609 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LASSEN, KAREN 3656 STOKES DRIVE SARASOTA, FL 34232	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Karen Lassen 12/3/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	V ☐ Change ☑ Addition
NAME	LASSEN, KAREN	NAME	Gerald Lassen
STREET ADDRESS	3656 STOKES DRIVE	STREET ADDRESS	3656 Stokes Dr
CITY-ST-ZIP	SARASOTA, FL 34232	CITY-ST-ZIP	Sarasota, FL 34232
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Karen Lassen Karen Lassen 12/3/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #