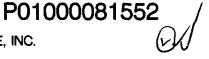
FILED Jun 16, 2003 8:00 am Secretary of State 06-16-2003 90146 013 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

SUPERIOR REAL ESTATE INC.





OOI EMORTHEAL LOTATE, MO.										
Principal Place of Business 9230 US HWY 192 CLERMONT FL 34711		Mailing Address 9230 US HWY 192 CLERMONT FL 34711								
2. Principal Place of Business		3. Mailing Address				C SMOTTORS THE BOTTE THAT OFFICE WAS	1 8 8 141 9 8 181			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicab			`]	
Zip Country		Zip .	Zip Countr					\$8.75 Add Fee Require	.75 Additional Required	
	6. Name and Address of Current	Registered Agent		Name	7. Na	me and Address of New Re	gistered	Agent		
HAYES, ROBERT S										
441 W VINE ST				Street Address ((P.O. Box	Number is Not Acceptable)]
KISSIMM	EE FL 34741									
				City			FL	Zip Cod	e	1
	named entity submits this statement for	or the purpose of changi	ing its registere	ed office or register	red agen	nt, or both, in the State of Flori	da. I am	familiar with,	and accept	1
SIGNATURE .										
- SIGNATIONE -	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Registered	Agent signature required	d when reins	stating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 r Payable to Florida Department o	f State				9. Election Campaign Fina Trust Fund Contribution	~ -		May Be i to Fees	}
10.	OFFICERS AND		11.		ADD	ITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT CHRISTNER, RUSSEL JR 9230 US HWY 192 CLERMONT FL 34700	☐ Delete	NAME STREE	6				☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILKES, RICHARD 9230 US HWY 192 CLERMONT FL 34700	☐ Delete						☐ Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			•			☐ Change	Addition .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l				☐ Change	Addition	
										(

12. Thereby 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 surfusee 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 within address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #