

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90004 005 ***150.00

DOCUMENT # P01000102819

1. Entity Name
SUPERIOR ENTERPRISES OF N.W. FL., INC.

Principal Place of Business
6404 DALISA ROAD
MILTON FL 32583

Mailing Address
6404 DALISA ROAD
MILTON FL 32583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6404 Dalisa Rd
Suite, Apt. #, etc.

3. Mailing Address
6404 Dalisa Rd
Suite, Apt. #, etc.

City & State
Milton FL
Zip
32583
Country
Santa Rosa

4. FEI Number
59-3758425
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BOUTWELL, SAHRON L
6404 DALISA ROAD
MILTON FL 32583

7. Name and Address of New Registered Agent
Name
n/a
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.
SIGNATURE Sharon L. Boutwell - Secretary 2-19-2002
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) ☒
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTWELL, DARANDALL S	NAME	
STREET ADDRESS	6404 DALISA ROAD	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTWELL, SHARON L	NAME	
STREET ADDRESS	6404 DALISA ROAD	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENFINGER, GARRY W	NAME	
STREET ADDRESS	3200 ARCHIES WAY	STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32571	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon L. Boutwell 2-19-2002 (850) 623-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)