

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90042 029 \*\*\*150.00

**22004622**



☐ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT #</b> P02000077263			
<b>1. Entity Name</b> SUPERCOURTS, INC.			
<b>Principal Place of Business</b> 2001 BAYSHORE BLVD. DUNEDIN FL 34698		<b>Mailing Address</b> 2001 BAYSHORE BLVD. DUNEDIN FL 34698	
<b>2. Principal Place of Business</b> 2001 Bayshore Blvd.		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> DUNEDIN, FL.		<b>City &amp; State</b>	
<b>Zip</b> 34698	<b>Country</b> PINELLAS	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 56-2282203		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ESTRADA, ROGER A 3010 NW 13 STREET MIAMI FL 33125		<b>7. Name and Address of New Registered Agent</b>	
		<b>Name</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, RAUL H 1667 SPOTWOOD CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD GUTIERREZ, RAUL H 2704 3RD COURT PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/03  
Date

(727) 738-8320  
Daytime Phone #

CR2E034 (10/02)