

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90153 028 ***150.00

DOCUMENT #

P02000092698

1. Entity Name

SUPERIOR MARKETING CONSULTANTS, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 Robins Rest Circle

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak St.

Suite, Apt. #, etc.

City & State

Davenport, FL

City & State

Kissimmee, FL

4. FEI Number

54-2069691

Applied For

Not Applicable

Zip
33896

Country
USA

Zip
34744

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Blanco, Isabel

Street Address (P.O. Box Number is Not Acceptable)

240 Robins Rest Circle

City

Davenport

FL

Zip Code

33896

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

Isabel Blanco

Isabel Blanco

4/21/03

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
P.
Blanco, Isabel
240 Robins Rest Circle
Davenport, FL 33896

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, S, D
Johnson, Robert D.
240 Robins Rest Circle
Davenport, FL 33896

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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 required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Isabel Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

CR2E034B (12/02)