## 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



SUPERI	OR MARKETING CONSUL	TANTS, INC.		)		
	DO NOT WRITI	E IN THIS	SPACE		<b></b>	
	lace of Business	3. Mailing Address				
240 Robins Rest Circle Suite, Apt. #. etc.		717 E. Oak St.  Suite, Apt. #, etc.				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN T	HIS SPACE	
City & State  Davenport, FL		City & State Kissimmee, FL		4. FEI Number 54–2069691	Applied For Not Applicable	
33896	Country USA	Zip 34744	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
ganger of the state of the stat		and the second second	Name	7. Name and Address of Current Regist	ered Agent	
Party in the Control of the Control	DO NOT IA	/DITE	B1	anco, Isabela		
DO NOT WRITE			Street Address 24	Street Address (P.O. Box Number is Not Acceptable) 240 Robins Rest Circle		
and of the same	IN THIS S	PACE		o nobino nebe offere		
Programme and the second		The state of the s	City		<b>F</b> ∎ Zip Code	
e e e e e e e e e e e e e e e e e e e			Da	VCIIPOI C	FL Zip Code 33896	
<ol><li>The above the obligat</li></ol>	named entity submits this statement ions of registered agent.	for the purpose of changin	ig its registered office or registe	ered agent, or both, in the State of Florida. I	am familiar with, and accept	
SIGNATURE .	Selellon		Isabela Blanco	4	1/21/03	
	Signature, typed or printed name of registered age nuary 1 / May 1 Fee is \$150.00	nt and title if applicable.	(NOTE: Registered Agent signature require	d when reinstating) DA	ALE .	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND	Contract Contract Angles Contract				
TITLE	P.	D DIRECTORS	Title	9	TALES OF THE STATE	
NAME	Blanco, Isabel		NAME	The second s		
STREET ADDRESS	240 Robins Rest Cir		STREET ADDRESS."			
CITY-ST-ZIP	Davenport, FL 338	396	CITY ST. ZIP			
TITLE NAME	VP, S, D Johnson, Röbert D.		NAME			
STREET ADDRESS	240 Robins Rest Cir	·cle	STREET ADDRESS			
CITY-ST-ZIP	Davenport, FL 338		CITY-ST-ZIP			
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NAME		•	NAME		er Gildered Arr. 20. or Laure, and Carlo Signature. Arr. C. 20. or Signature.	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST-ZIP			
TITLE		<del>- ·</del>	TITLE	ta a tha a gailtean tha tha ann ta an ann air ta tha an Sana an airsean a dha an air an air an air an air an a Tha ann air an air a	ANTERNATION OF THE STATE OF THE	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		The state of the s	
indicated	on this report or supplemental report	is true and accurate and th	hat my signature shall have the	ection 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; the 07. Florida Statutes: and that my name app	at I am an officer or director	

attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #