

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90061 049 \*\*\*150.00

**DOCUMENT # P93000014532**

**1. Entity Name**  
**SUPERIOR BEDROOMS, INC.**



**Principal Place of Business**  
**6886 N. 9TH AVENUE**  
**PENSACOLA FL 32504**

**Mailing Address**  
**6886 N. 9TH AVENUE**  
**PENSACOLA FL 32504**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**59-3167879**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GITHENS, ELMER DEANE**  
**37 BAYSHORE DR.**  
**PENSACOLA FL 32507**

Name

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ Delete  
**NAME** **GITHENS, ELMER D**  
**STREET ADDRESS** **37 BAYSHORE DR.**  
**CITY-ST-ZIP** **PENSACOLA FL 32507**

**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **V** ☒ Delete  
**NAME** **COUGHLAN, HONEY**  
**STREET ADDRESS** **409 HERITAGE COURT**  
**CITY-ST-ZIP** **FT. WALTON BEACH FL 32547**

**TITLE** **V** ☒ Change ☐ Addition  
**NAME** **Michael D. Githens**  
**STREET ADDRESS** **5635 Vestavia**  
**CITY-ST-ZIP** **Pensacola, FL. 32526**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

**Elmer D. Githens, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-2-03**

**850 471 1899**

Date

Daytime Phone #

CR2E034 (10/02)