

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91726 023 \*\*\*150.00

UBR3109 AV

**DOCUMENT # P93000058056**

1. Entity Name  
**SUPER SPEEDY, INC.**

Principal Place of Business <b>2441 OAK DRIVE                  LONGWOOD FL 32779                  US</b>	Mailing Address <b>2441 OAK DRIVE                  LONGWOOD FL 32779                  US</b>
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**DULC0410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>9436 American Eagle Way                  Suite, Apt. #, etc. 300</b>	3. Mailing Address <b>9436 American Eagle Way                  Suite, Apt. #, etc. 300</b>
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City & State <b>Orlando, Florida</b>	City & State <b>Orlando, Florida</b>
Zip <b>32837</b>	Zip <b>32837</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3207927</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**MANIS, BRENDA  
 2250 WESTWOOD DRIVE  
 LONGWOOD FL 32779**

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

Name **Brenda Manis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9436 American Eagle Way, Ste. 300**  
 City **Orlando** FL Zip Code **32837**

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 *Brenda Manis* **Brenda Manis - President** **4/30/02**  
Signature, typed or printed name of registered agent add 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MANIS, BRENDA 2250 WESTWOOD DRIVE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MANIS, EVERETTE 2250 WESTWOOD DRIVE LONGWOOD, FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD BOWMAR, WILLIAM D III 2441 OAK DRIVE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST BOWMAR, C D 2441 OAK DRIVE LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Christy Bowmar* **ST** **4/30/02** **407-852-1812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)