

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90279 004 ***150.00

DOCUMENT # *P94000041136*

1. Entity Name

Superior Asset Special, Inc.



DO NOT WRITE IN THIS SPACE

11013997

2. Principal Place of Business

745 U.S. Highway One

Suite, Apt. #, etc.

Suite 209

City & State

North Palm Beach, FL

Zip

33498

Country

U.S.A.

3. Mailing Address

745 U.S. Highway One

Suite, Apt. #, etc.

Suite 209

City & State

North Palm Beach, FL

Zip

33408

Country

U.S.A.

4. FEI Number

65-0496093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard A. Heitmeyer

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

745 U.S. Highway One

Suite 209

City

North Palm Beach

FL

Zip Code

33408

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

DID NOT RECEIVE RENEWAL REPORT *Richard A. Heitmeyer*

4/15/03

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

(NOTE: Registered Agent signature required when terminating.)

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
Richard A. Heitmeyer
745 U.S. Highway One - #209
North Palm Beach, FL 33408

TITLE
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

56-776-1100

Daytime Phone #

CR2E034B (12/02)